

Name  
in  
Full

Grace Pauline Barnhart

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Windsor</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>April</u>	Day <u>7</u>	Years <u>1</u>	Months <u>10</u>	Days <u>7</u>
Sex <u>Female</u>	Color or Race <u>W</u>	Birth-place <u>Md</u>			
Occupation		Where Residing if not at place of death			
Married, Single <del>or</del> Widowed		Name of Wife or Husband			
Father's Name	<u>John Albert Barnard</u>				Father's Birthplace <u>Md</u>
Mother's Maiden Name	<u>Maisy C.</u>				Mother's Birthplace <u>Md</u>
Name of person giving Information	<u>Philip B. Snader</u>				How related to deceased <u>No</u>

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Peritonitis

(116)

How long

10 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

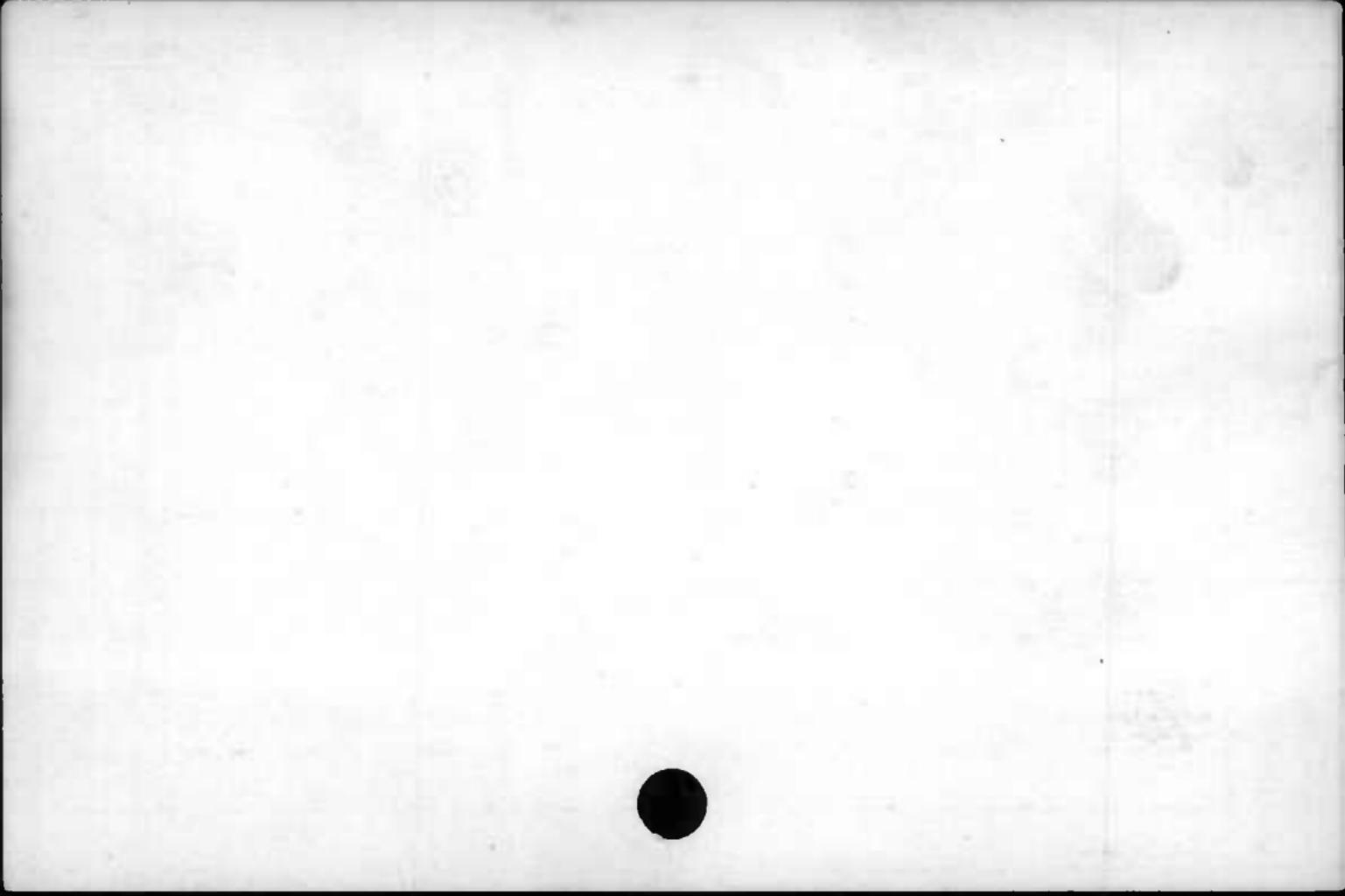
G. G. Brooks

Address

Massachusetts

Md

Accident or Suicide?



Name  
in  
Full

Maria Basler

10

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Jacob Basler			
Father's Name	Jacob Shore		Father's Birthplace	Germany	
Mother's Maiden Name			Mother's Birthplace	Germany	
Name of person giving information	Mrs Eva Zeff		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Shock, Falling down Stairway  
How long

Immediate " How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

66

Jos. J. Hering, M.D.  
Westminster  
Md.

Accident or Suicide?

Lisians cemetery.

Name in Full

Certificate of Death

Elizabeth Bosley Bewager

Town

County

MARYLAND

Died at

Mandeville

Carroll

Date 189

6

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
ofFather's  
Name

Rev H Bewager

Mother's  
Name

Effie R Bosley

Cause of

Primary

Inferior-clotting

How long sick

Death

Immediate

Formicula ovale

1 day

Accident, Suicide, Homicide

Reported by

Address

Most be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

# Charles J. Brauning

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Gambrin

County  
Lebanon

MARYLAND

Date  
of death

1906 April

Month

Day

Age

Years

Months

Days

61

5

3

Sex

Male

Color or  
Race

White

Birth-  
place

Germany

Occupation

Retired Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife &  
Husband

Rebecca Cook

Father's  
Name

George J. Brauning

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Lucilia Rudolf

Mother's  
BirthplaceName of person giving  
Information

R W Barnes

How related  
to deceased

Son-in-law

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Hernorrhage of Pitney's

How long

2 weeks

Immediate

Suppression of urine - Hemia?

How long

"

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Dr. S. N. Garowits

Dr. S. N. Garowits

Address

Gambrin

Ind

Accident or Suicide?

Shaver

Gambor

Name  
in  
Full

Mary Elizabeth Brightful

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at New Windsor Town Carroll County

MARYLAND

Date Month Day Years Months Days  
of death 1906 April 15 Age 44   15

Sex Female Color or Rosa Birth-place Md

Occupation Housewife Where Residing if not  
at place of death New Windsor

Married, Single or Widowed  Name of Wife or Husband Edward Brightful

Father's Name Richard Sanders Father's Birthplace Nid

Mother's Maiden Name Frances Davis Mother's Birthplace Md

Name of person giving Information Edward Brightful How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Chitosis How long

Immediate Cardiac dilatation. How long

Are the name, age, sex, color, date and place correctly given above?

yes

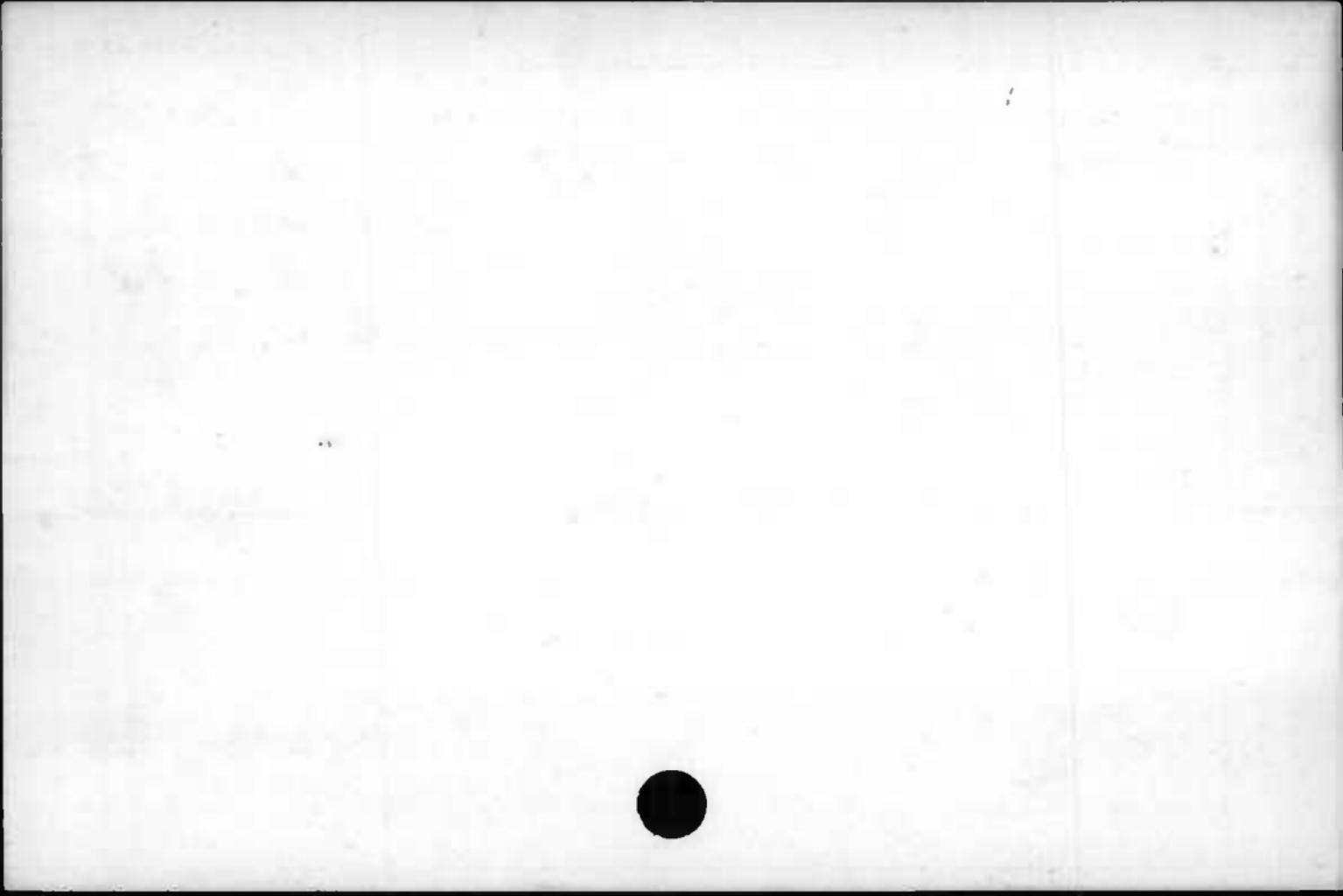
Signature of Physician

Dr Ira E. Whitehill

Address

New Windsor  
Md

Accident or Suicide?



Name  
in  
Full

George Burns

CERTIFICATE OF DEATH

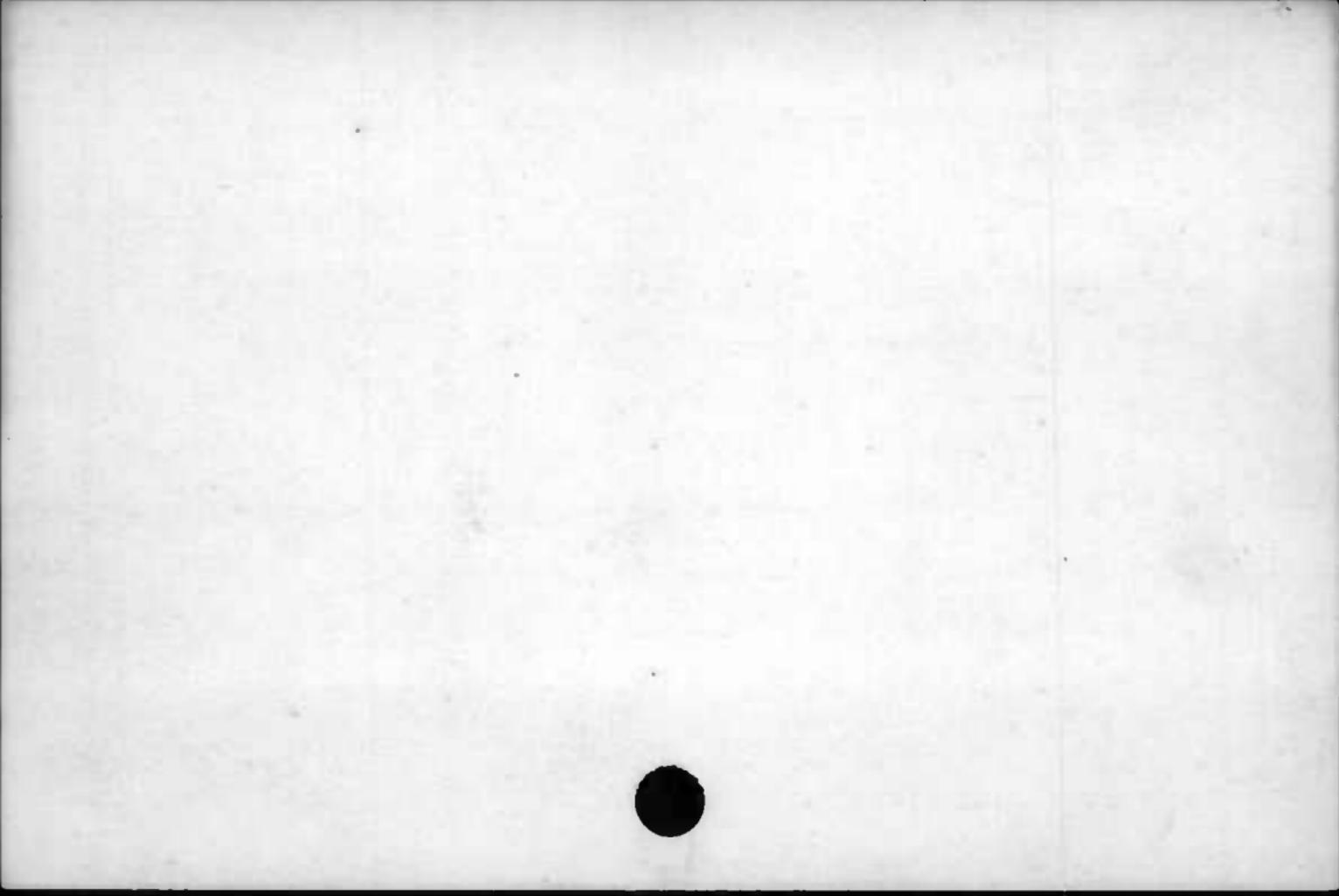
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	April	17	Age 77	1	22
Sex	Male	Color or Race	White	Birth-place	Carroll Co
Occupation	Farmer.				
Married, Single or Widowed	Where Residing if not at place of death				
Yedowd	Amanda Burns, Manchester Md				
Father's Name	Name of Wife or Husband				
George Burns	Amanda Burns.				
Mother's Maiden Name	Father's Birthplace				
Lydia Wiley	Carroll Co				
Name of person giving information	Mother's Birthplace				
Wife, Father,	Carroll Co.				
How related to deceased					
Son in Law,					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Plunay	⑨4	How long	4 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician			
	J H Sherman M.D.			
Address	Manchester			
Accident or Suicide?	Md.			



Name  
in  
Full

Alexander Carr

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Male	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Catharine Doll	
Father's Name	Samuel Carr		
Mother's Maiden Name	Sydney Randall		
Name of person giving information	Audie L Morgan		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic Nephritis

How long

3 yrs

Immediate

Ethanol & Heart trouble

How long

6 Weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. D. Wells  
Westminster  
Md.

Accident or Suicide?

Sharon  
Warfield Morris

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Adam Clarke

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	71	3	16
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Lancaster Pa			
Father's Name	Samuel Clarke				
Mother's Maiden Name	Margaret Grubbs				
Name of person giving information	Oda Clarke				

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

10 days

Immediate

Paralysis

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

Yes

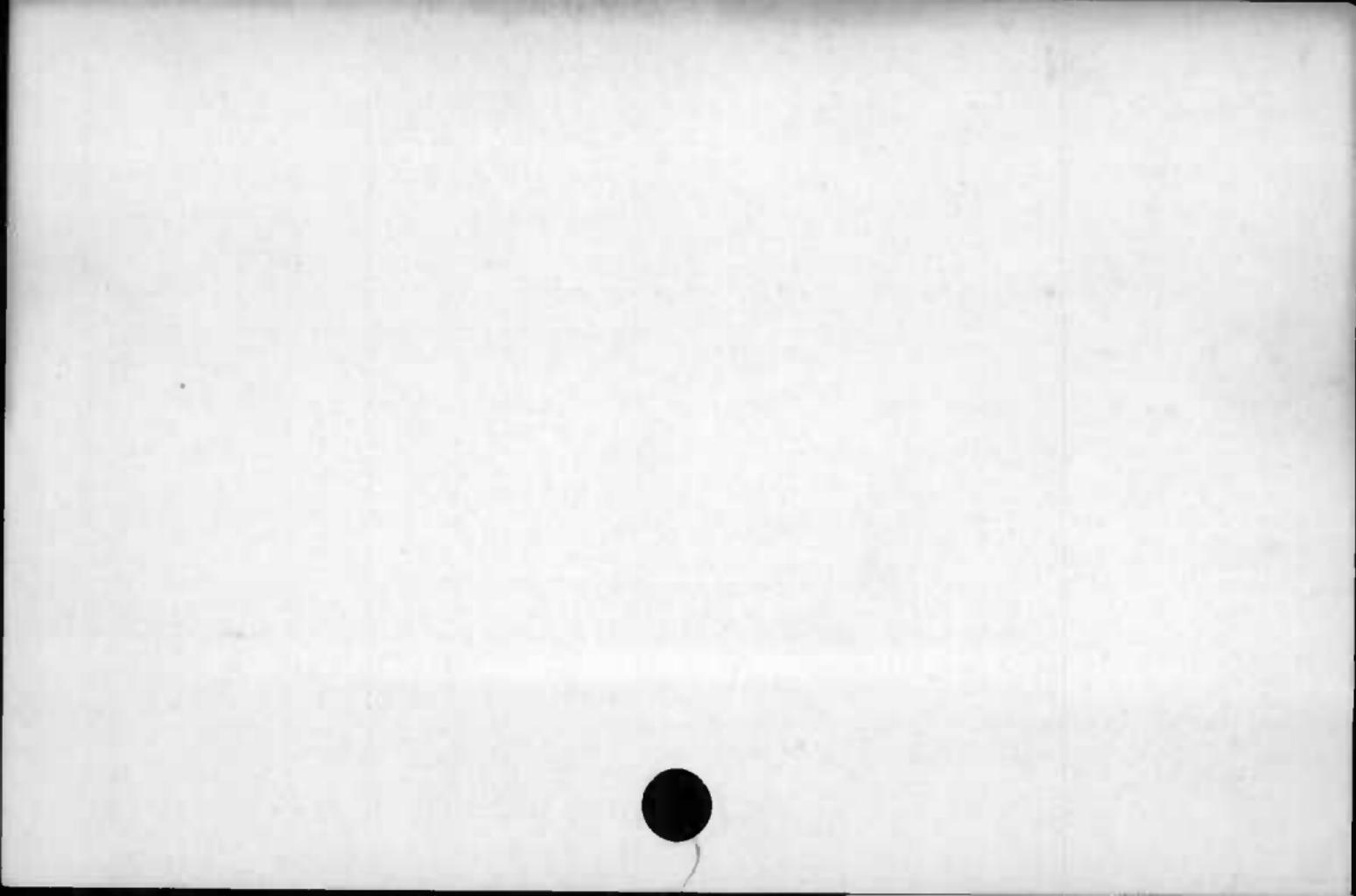
Signature of Physician

Address

L. Birnie

Lancaster

Accident or Suicide



Name in Full

Certificate of Death

Mary Sue Cook

No. 133

Town County  
 Died at Union Bridge Carroll MARYLAND

Date of death	Month	Day	Y.	M.	D.	Native of	Occupation
1906	4	19	68			Virginia	
	Male	White	Married	Widow	Divorced		
	Female	Colored	Single	Widower		Number of children living	

Husband of \_\_\_\_\_

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Hemphlegia

64

How long sick

10 mo.

Death

Immediate

Accident, Suicide, Homicide

Reported by

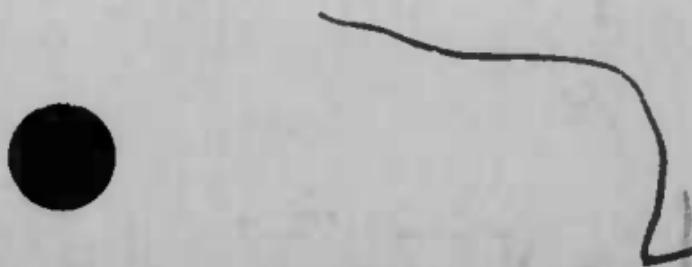
Dr. Leurbin Brown M.D.

Address

Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Morgan's



Name  
in  
Full

Peter Deull

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Winstonsr	County	Leawell	MARYLAND
Date of death	Month	Day	Years	Months
1906	April	21	Age	82
Sex	Male	Color or Race	White	Birth-place
Occupation	Laborer	Where Residing if not at place of death	Maryland	
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Reck	
Father's Name	don't know		Father's Birthplace	
Mother's Maiden Name	" "		Mother's Birthplace	
Name of person giving Information	Mary. deull		How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age	(154)	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Thos. J. Coonan M.D.
		Address	Westminster
Accident or Suicide?			

Shaw

Manchester - N.C.

Name  
in  
Full

William Flickinger

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	male	Color or Race	White	Birth- place	Carroll deer	
Occupation	Retired Farmer		Where Residing if not at place of death	Union Mill no		
Married, Single, or Widowed	Name of Wife or Husband		Maria Flickinger			
Father's Name	John Flickinger		Father's Birthplace	Maryland		
Mother's Maiden Name	Dorothy Brown		Mother's Birthplace	Maryland		
Name of person giving Information			How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

(93)

How long

Immediate

Pneumonia

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Ed. L. Loft  
Minister

Accident or Suicide?



Name  
in  
Full

Christena P. Foltz

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Maple Grove	Town	Carroll	County	MARYLAND
Date of death	1906	Month	April	Day	7
Age	78	Years		Munths	8
Sex	Female	Color or Race	white	Birth-place	Germany
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Phillip Foltz	Father's Name	
Father's Name					
Mother's Maiden Name					
Name of person giving information	C. W. Foltz (164)				
How related to deceased	Son				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Abdominal Tampon  
Effect of Fractured Femur

How long

20 yrs

Immediate

How long

one year

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

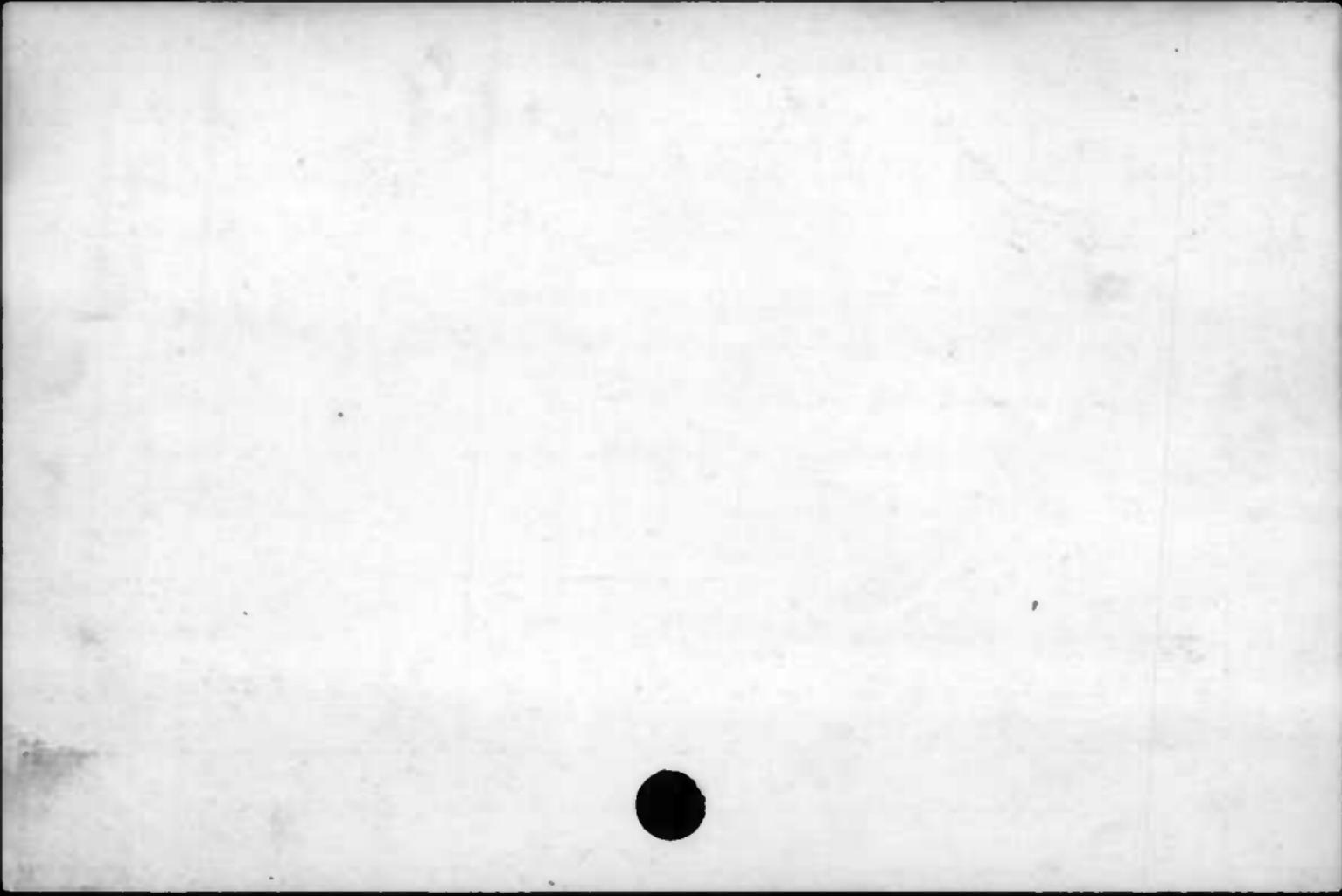
Address

J. A. Trebilcot M.D.

Waukegan

Illino

Accident or Suicide?



Name  
in  
Full

Tobias H. Fringer

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Occupation					
Married, Single or Widowed	Name of Wife or Husband	Martha Mudvele			
Father's Name	Nicholas Fringer		Father's Birthplace	Md	
Mother's Maiden Name	Katherine Bushman		Mother's Birthplace	Md	
Name of person giving Information	Martha Fringer		How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cerebral

(123)

How long

2 years

Immediate

Cardiac

How long

4 days

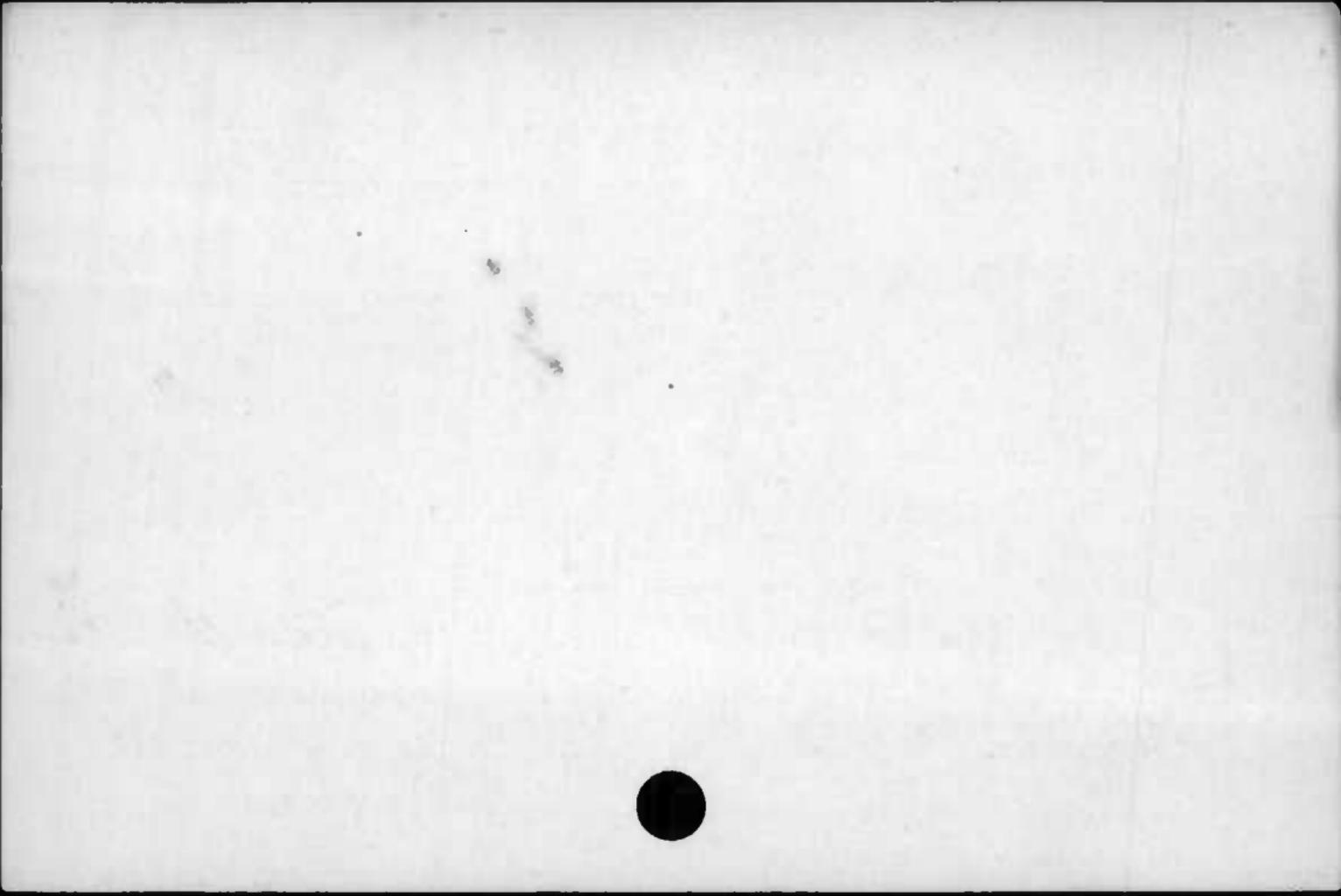
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Katherine Md  
Taney town

Accident or Suicide?



Name  
in  
Full

Lorraine M. Monroe Parish

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Melrose      Carroll      Maryland

1906 April      6      44      20

Male      white      Md

\_\_\_\_\_

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Theodore Parish      Md

Ida Zepp.      Md

Theo Parish      Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Nephritis

119

How long

3 days

Immediate

Uremia

Are the name, age, sex, color, date and place correctly given above?

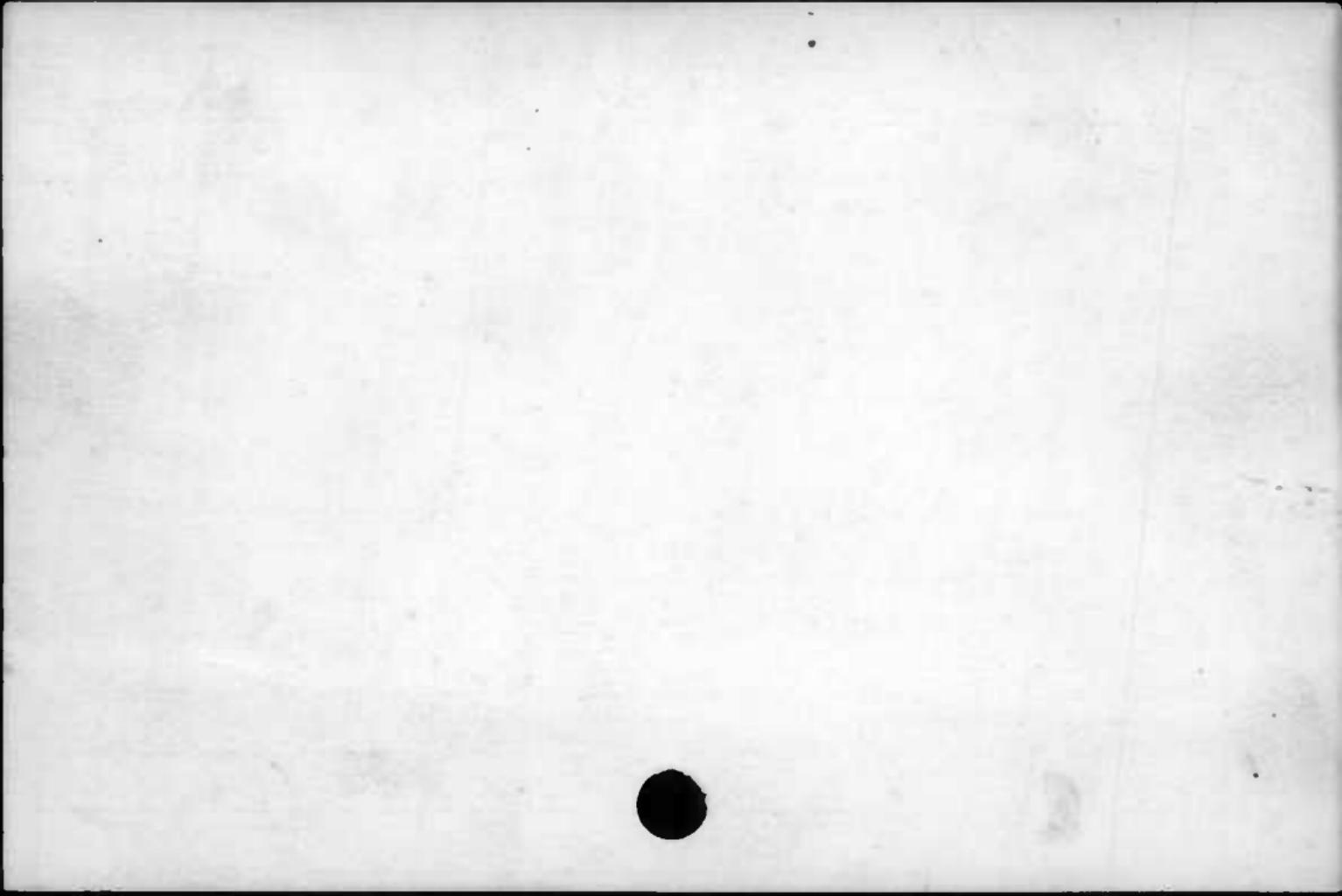
yes.

Signature of Physician

Address

John S. Siegfried, M.D.  
Melrose  
Md

Accident or Suicide?



Name  
in  
Full

Isiah Ham.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Melford</u> Town		<u>Carroll</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>April</u>	Day <u>18</u>	Years <u>76</u>	Months <u>10</u>	Days <u>17</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>Retired</u>	Where Residing if not at place of death <u>Melford</u>				
Married, <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband <u>mean keifer</u>				
Father's Name <u>Philip Ham</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>John Kowitz</u>	How related to deceased <u>son-in-law</u>				

CAUSES OF DEATH

Primary	<u>Bright Disease</u>	(20)	How long	<u>3 years</u>
Immediate	<u>Uremic Poisoning</u>		How long	<u>2 weeks</u>

Are the name, age, sex, color, date and place correctly given above?

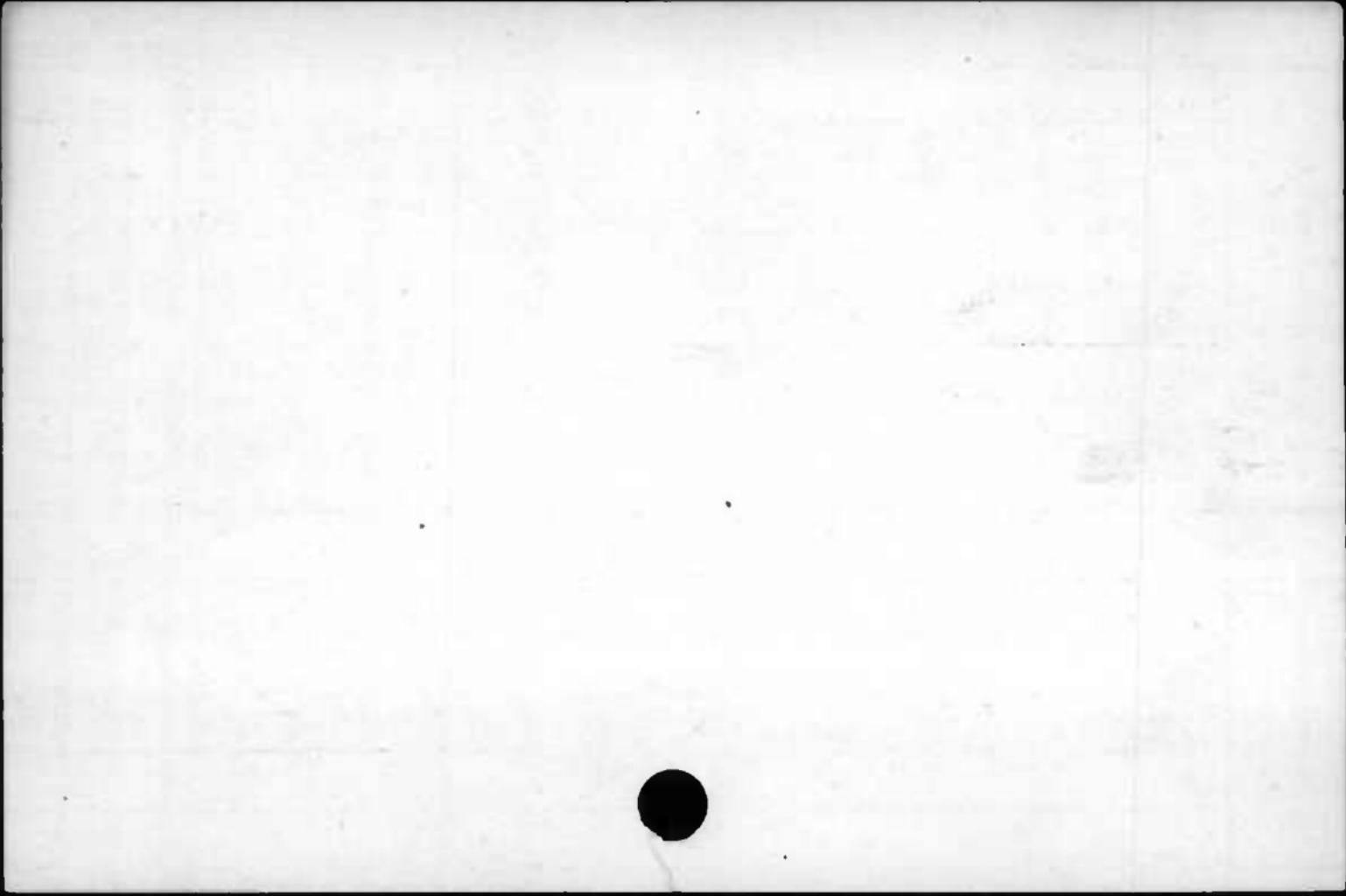
yes

Signature of Physician

Ide Winterson  
New Windsor

Address

Accident or Suicide?

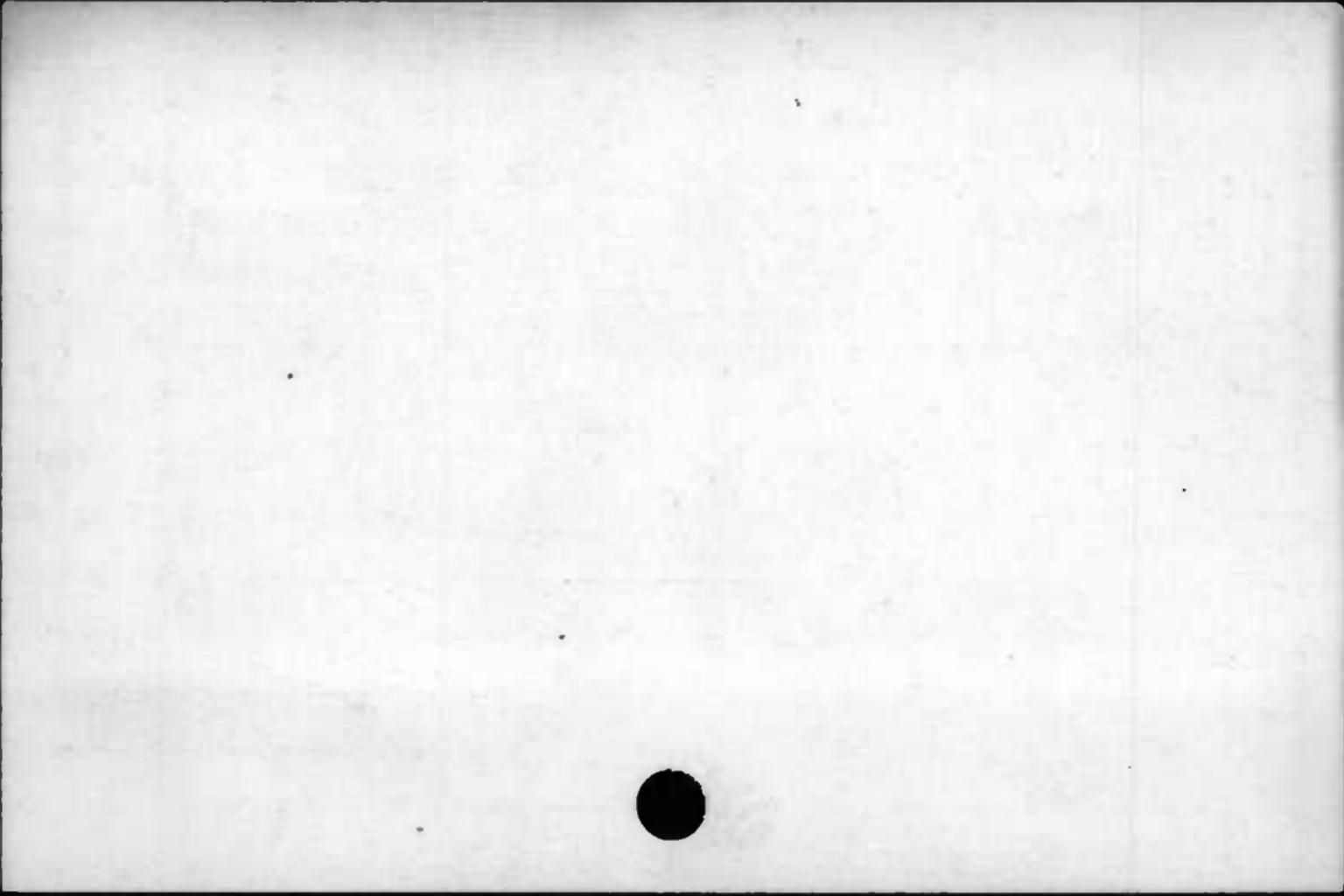


Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Balphus - Harmon						CERTIFICATE OF DEATH	
Died at	Town	County					
Date of death	Month	Day	Years	Months		Days	
Sex	Color or Race	White			Birth-place	Baughman's Mill	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Doro Harmon			Father's Birthplace	Maryland		
Mother's Maiden Name	Ella - Shull			Mother's Birthplace	Maryland		
Name of person giving information	Doro Harmon			How related to deceased	Father		
CAUSES OF DEATH							
Primary	Trismus Neonatorium			How long	1 day		
Immediate	Do			How long	1 day		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	John Siegler			
			Address	Melrose			
Accident or Suicide?			Md.				



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Augusta L. Heijnman

Town  
Porter

County  
Carroll

CERTIFICATE OF DEATH

MARYLAND

Died at Porter Date of death 1906 April 13 Day - Age 49 Years Months 11 Days -

Sex Female Color or Race white Birth-place Germany

Occupation Housewife Where Residing if not at place of death - - -

Married, Separated or Widowed Yes Name Husband

Wm H. Heijnman

Father's Name Frank Klunder Father's Birthplace Germany

Mother's Maiden Name - - - Mother's Birthplace Germany

Name of person giving information Wm H. Heijnman How related to deceased Husband

CAUSES OF DEATH

Primary Cold How long 3 weeks

Immediate Brachial Asthma How long " "

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. S. Crook

Winfield

Carroll Co., Md.

Accident or Suicide?



## Blanche Mail Hering

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

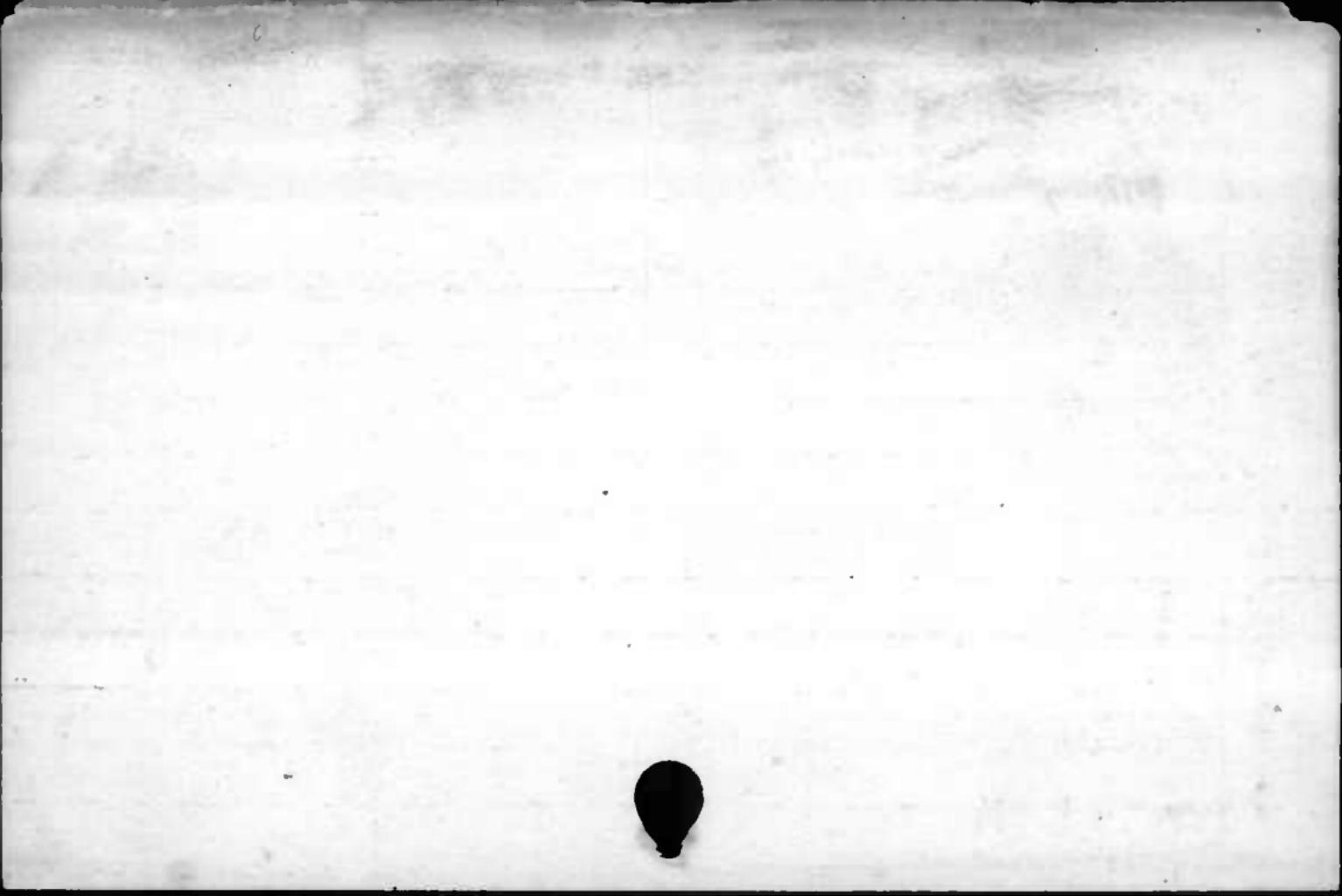
Died at	Town	County	MARYLAND
Died at	Sykesville	Carroll	
Date of death	Month	Day	Years
1906	April	19	—
Age	Months	Days	17
Sex	Color or Race	Birth-place	
Female	White	Maryland	
Occupation	Where Residing if not at place of death	same	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	D. Roby Hering		
Mother's Maiden Name	Carrie DeVries		
Name of person giving Information	D. Roby Hering		
Father's Birthplace	Md.		
Mother's Birthplace	Md.		
How related to deceased	Father		

## CAUSES OF DEATH

Primary	Prematurely born (7 mos.)	How long	—
Immediate	—	How long	—

Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	M. Morris
		Address	Eldersburg

Accident or Suicide?	—	
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Name  
in  
Full

Sarah Hood ✓

CERTIFICATE OF DEATH

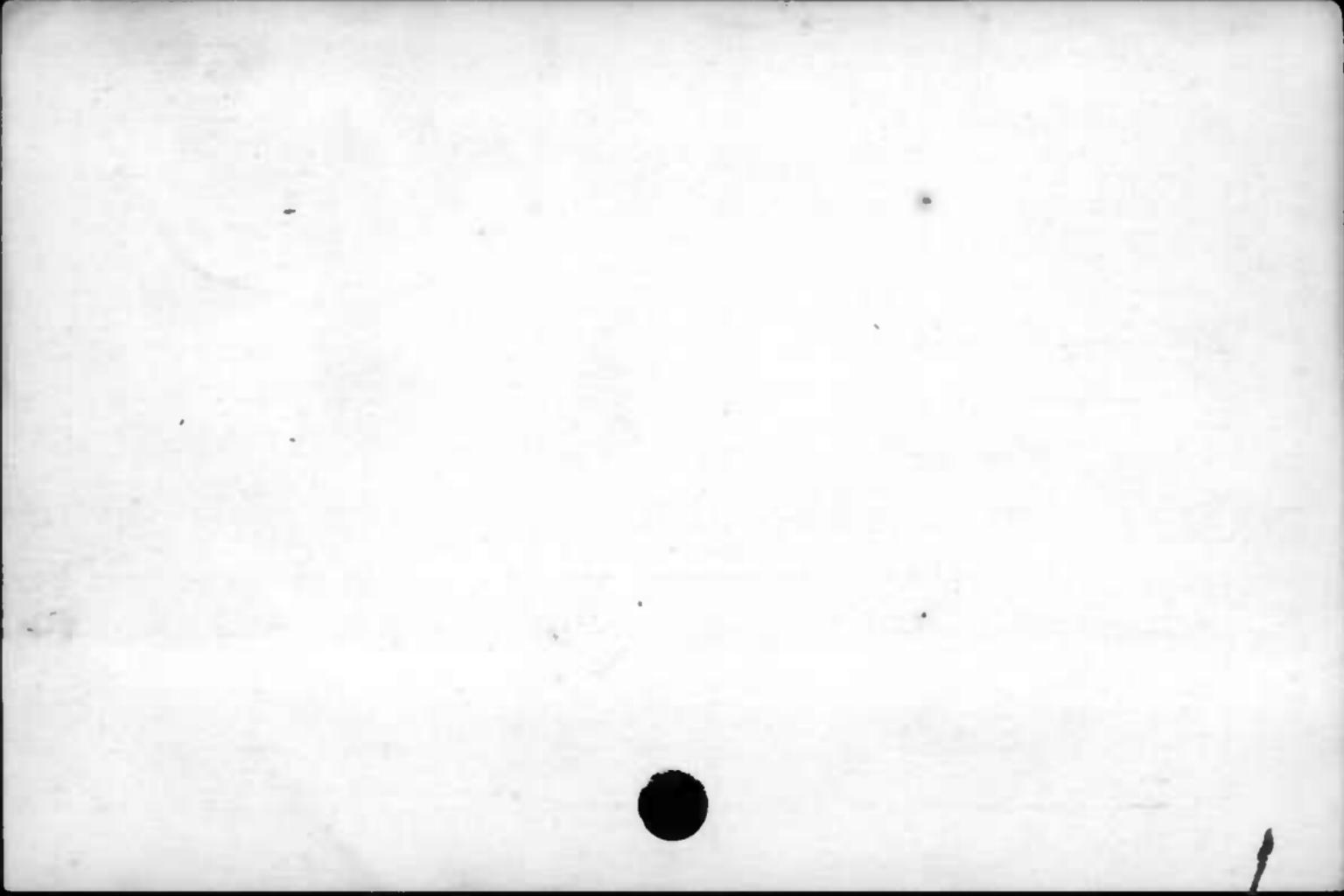
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Maryetta	Carroll			
Date of death	Month	Day	Years	Months	Days
1906	apr	6	72	1	
Sex	Female	Color or Race	White	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Divorced or Widowed	Name of Wife or Husband				
Father's Name	Wm. W. Harrison			Father's Birthplace	
Mother's Maiden Name	Mary A. Becroft			Mother's Birthplace	
Name of person giving information	Harry Hood			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cancer		W.H.	How long	5 yrs
Immediate	Penitritis			How long	3 days
Are the name, age, sex, color, date and place correctly given above?	✓	Signature of Physician	W.E. Hanes		
		Address	Maryetta		
Accident or Suicide?					



Name  
in  
FullTo BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

<i>Julian A. Ingles</i>						CERTIFICATE OF DEATH	
Died at	Town			County			
Died at	<i>Taylorsville</i>			<i>Carroll</i>			
Date of death 1906	Month 4	Day 19	Years 79	Age	Months 4	Days 10	
Sex Female	Color or Race White			Birth-place	<i>Maryland</i>		
Married, Single or Widowed	Occupation			<i>House hold</i>			
Name of Wife or Husband							
Father's Name	<i>Jacob Stein (deceased)</i>				Father's Birthplace	<i>Ohio.</i>	
Mother's Maiden Name	<i>Hannah Engle (deceased)</i>				Mother's Birthplace	<i>Md.</i>	
Name of person giving information	<i>James A. Barnes</i>				How related to deceased	<i>Son-in-Law</i>	

## CAUSES OF DEATH

Primary

*Paralysis.*

How long

*Two years & ten months*

Immediate

*Exhaustion*

How long

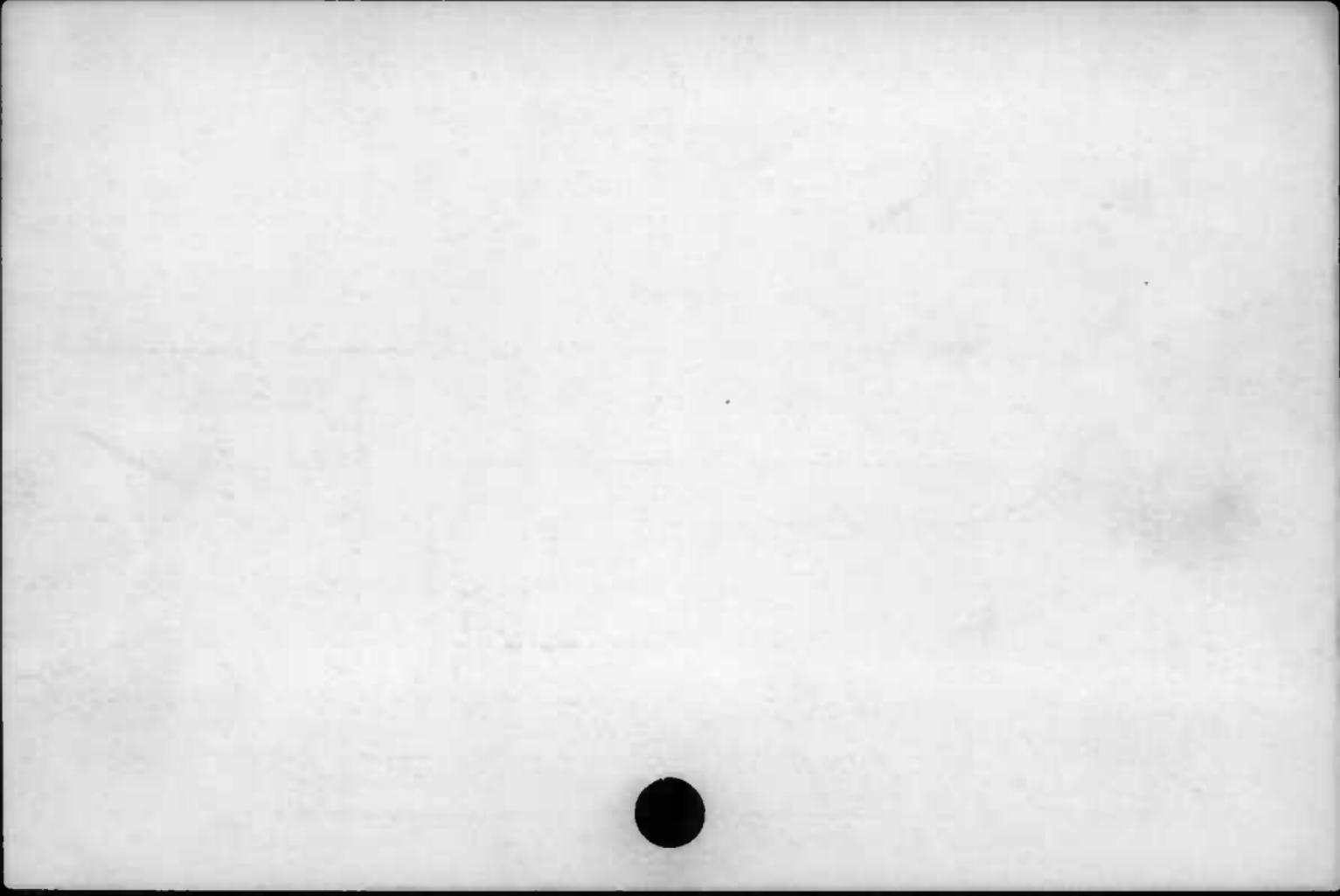
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*A. T. Gronek**Mt. airy Md*

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Infant child *Knox* [Redacted]

CERTIFICATE OF DEATH

Died at <i>Gambier</i>	Town	County <i>Carroll</i>		MARYLAND		
Date of death 1906	Month <i>April</i>	Day <i>20</i>	Age —	Years —	Months —	Days —
Sex <i>Male</i>	Color or Race <i>white</i>	Birth- place <i>Md</i>				
Occupation _____	Where Residing if not at place of death <i>S</i>					
Married, Single or Widowed —	Name of Wife or Husband <i>S</i>					
Father's Name <i>Elo B Knox</i>	Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Jenny B Matthews</i>	Mother's Birthplace "					
Name of person giving Information <i>Elo B Knox</i>	How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature birth</i>	How long 
Immediate <i>S</i>	How long 
Are the name, age, sex, color, date and place correctly given above? <i>S</i>	Signature of Physician <i>J. C. Shaffer</i> Address <i>undertaker</i>

No Physician  
in attendance  
*S*  
Accident or Suicide  
*Westover Md*

sharper

Gambier

Name  
in  
Full

Claude Lease

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Deep Run	County	Carroll		MARYLAND
Date of death	Month	Day	Years	Months	Days	
Sex	<del>Female</del> Male	Color or Race	white	Birth-place	md -	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	William Lease					Pa -
Mother's Maiden Name	Mary Heeser					md -
Name of person giving information						How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

(9)

How long

Immediate

Diphtheria

How long

, mark

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G. A. Reagor  
Pleasant Hill

Accident or Suicide?



Name in Full

Certificate of Death

John Thomas Gesner  
 Town County  
 Died at MARYLAND  
 Manchester Barrocc

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date	1906	4 - 23	75.	19		Germany	Farmer
Male	White	Married				Widow	Divorced
Female	Colored	Single				Widower	Number of children living

Husband of	<u>Sophia Gesner</u>				
Father's Name			Mother's Name		

Cause of Death	Primary	Vertigo?	How long sick
	Immediate	Paralysis	12 days
			Accident, Suicide, Homicide

Reported by	<u>J. F. B. Beaver M.D.</u>
Address	Manchester, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Julia Ann Lockard				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1906	Month April	Day 25	Years Age .	86	Months 3
Sex Occupation	Female	Color or Race	white	Birth- place	Maryland	
				Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of <del>Widow</del> Husband	Joshua Lockard		Father's Birthplace	Maryland
Father's Name	John Beaver				Mother's Birthplace	"
Mother's Maiden Name	Mary Ann Robinson				How related to deceased	Son
Name of person giving Information	Joshua Lockard					

CAUSES OF DEATH

Primary

Broncho Pneumonia 67 How long  
6 days

Immediate

Heart Failure 67 How long

Are the name, age, sex, color, date  
and place correctly given above?

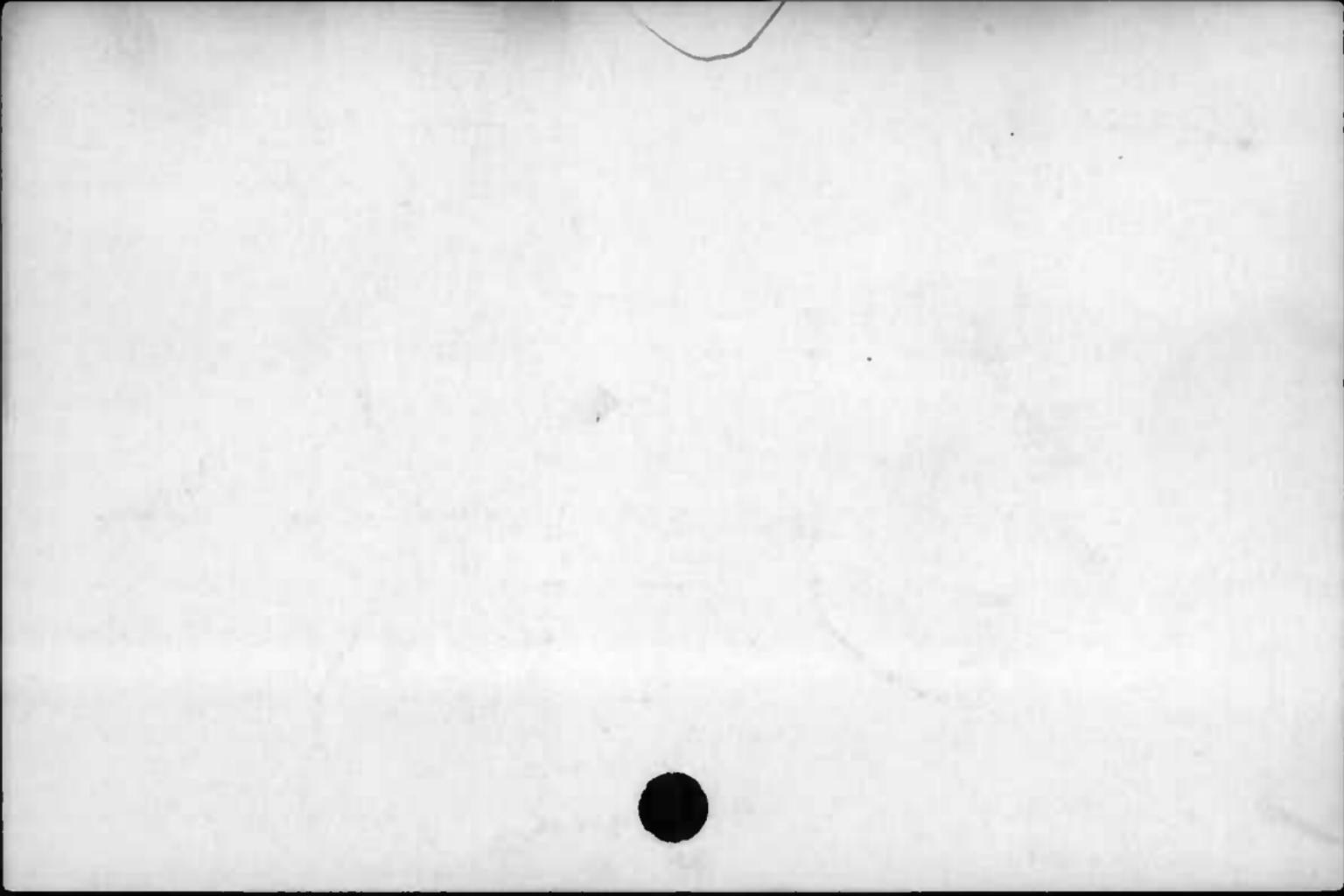
yes

Signature of  
Physician

J. J. Coonan MD,  
West Chester

Address

Accident or Suicide?



Name  
in  
Full

Ella V. Lookingbill

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Chas Lookingbill		
Father's Name	John Haines		Father's Birthplace	Md	
Mother's Maiden Name	Mary Haines		Mother's Birthplace	Md	
Name of person giving information	Harry Haines		How related to deceased	Brother	

CAUSES OF DEATH

Primary	Spasmodic Asthma	(97)	How long	1/2 hour
Immediate	Heart		How long	Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. Hubbin Brown.

Address

Union Bridge

Accident or Suicide?

Pipe Creek

Name  
in  
Full

Ellen McCauley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age 76	-	-
Occupation	Wife		Birth-place	Maryland	
Married, Single or Widowed	Widow		Where Residing if not at place of death	same	
Father's Name	David Hammond		Father's Birthplace	Md.	
Mother's Maiden Name	Anna Newcomer		Mother's Birthplace	Md.	
Name of person giving information	Simon Golibart		How related to deceased	Bro.-in-law	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Aortic Insufficiency

(99)

How long

3 yrs

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

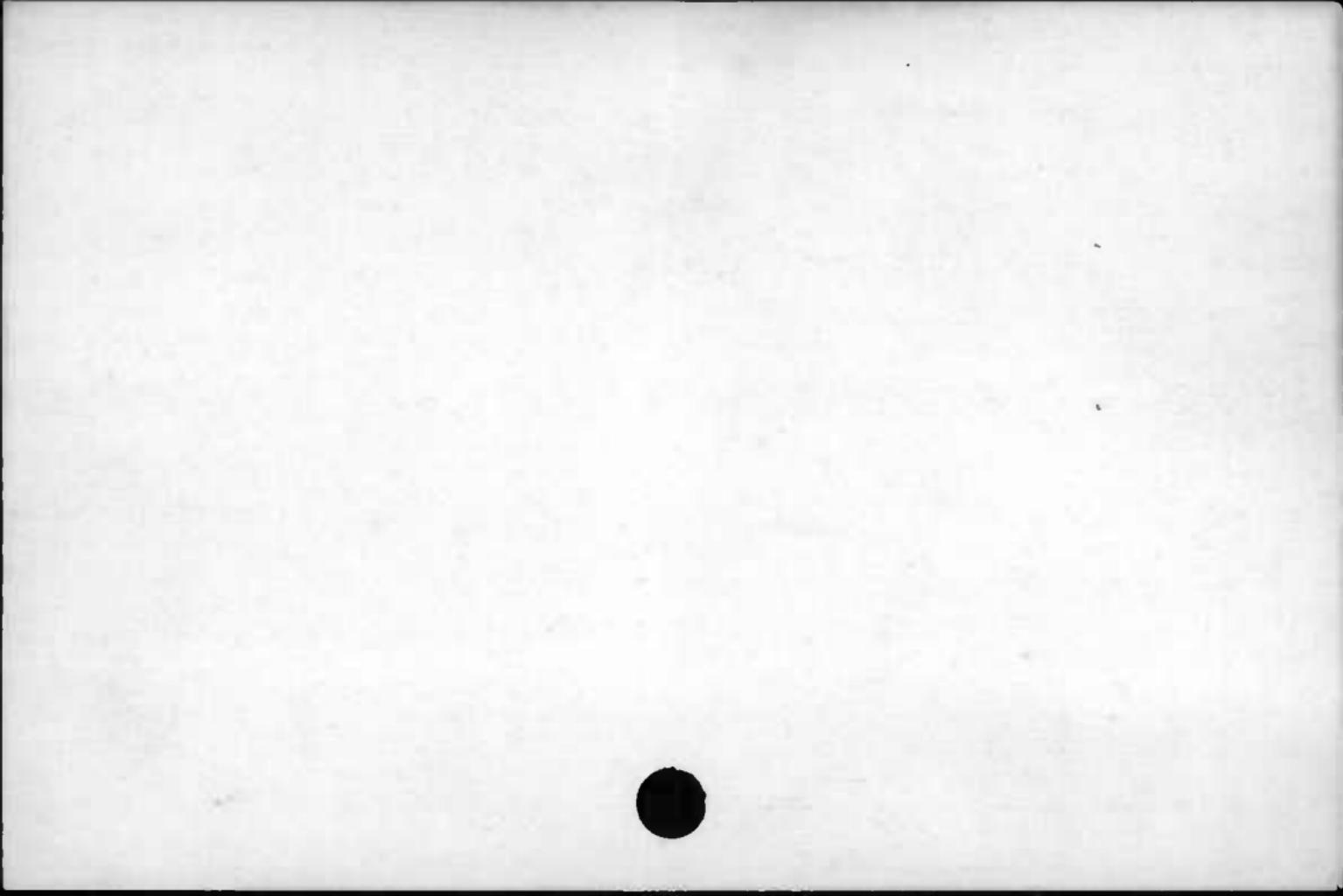
Signature of Physician

Address

MD Morris

Eldersburg.  
Md.

Accident or Suicide?



Name  
in  
Full

Blanche McLain

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	Female	Color or Race	White	Birth-place	Md.		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Married	Name of Husband	William McLain				
Father's Name	Christian D. McCauley					Father's Birthplace	Md
Mother's Maiden Name	Annie J. Moore					Mother's Birthplace	Md
Name of person giving Information	William McLain					How related to deceased	Husband

CAUSES OF DEATH

Primary Acute Mania (B) How long 5 weeks

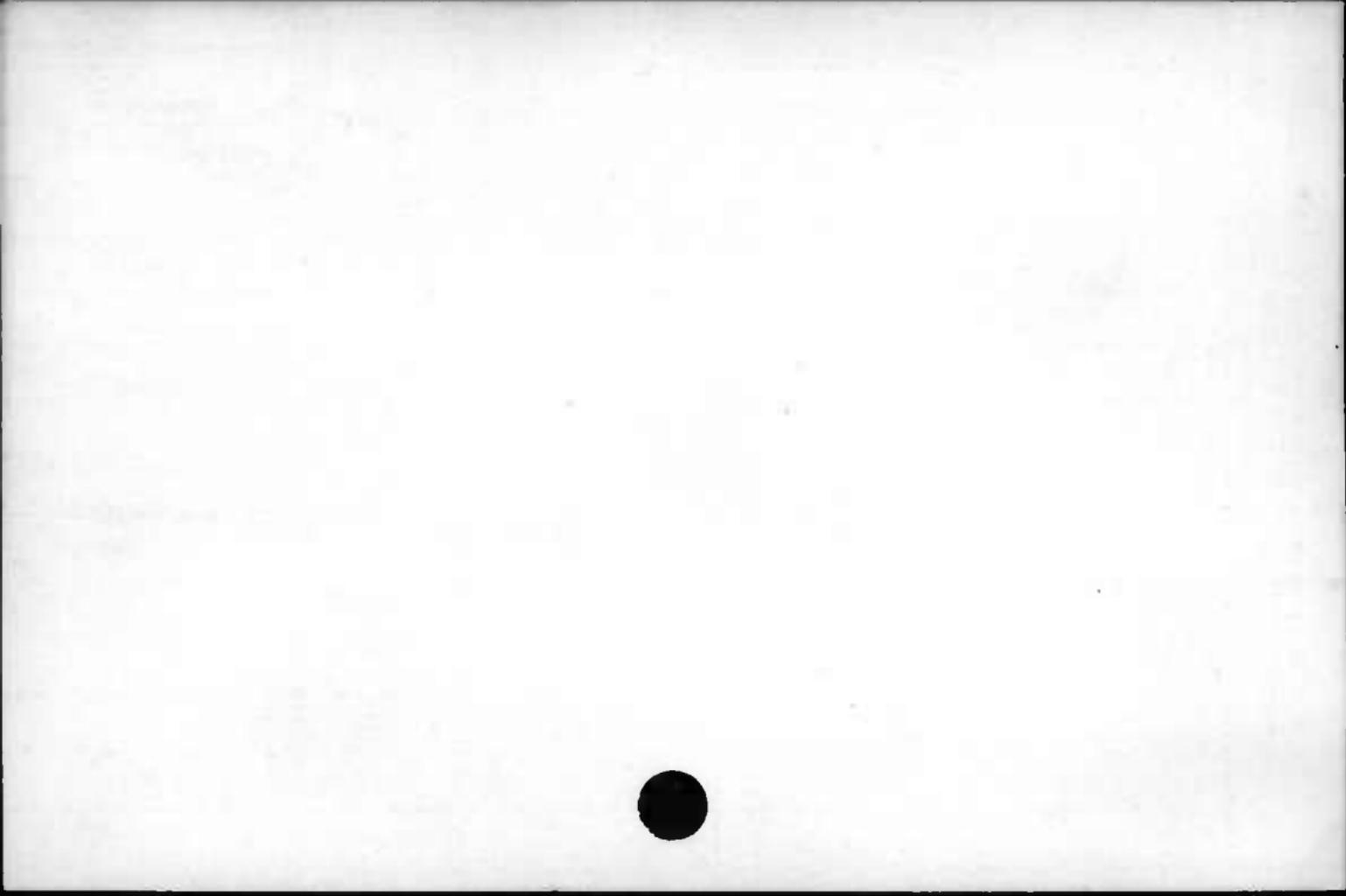
Immediate Exhaustion How long -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John Norfolk Morris, M.D.

Address Springfield Hospital,  
Lykensville, Carroll Co. Md.

Accident or Suicide? No.



Name  
in  
Full

Joseph Morrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Springfield State Hospital</u> - <u>Carroll</u> County				MARYLAND	
Date of death	Month	Day	Years	Months	Days
1906	April	21	34		
Sex	Male	Color or Race	White	Birth-place	Ireland
Occupation	Electrician				
Where Residing if not at place of death					
Married, Single or Widowed	Single				
Name of Wife or Husband					
Father's Name					
Mother's Maiden Name					
Name of person giving Information	Hospital records				
CAUSES OF DEATH					
Primary	General paresis			(67)	How long 2 yrs
Immediate	Exhaustion			(67)	How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

To best  
of my knowledge

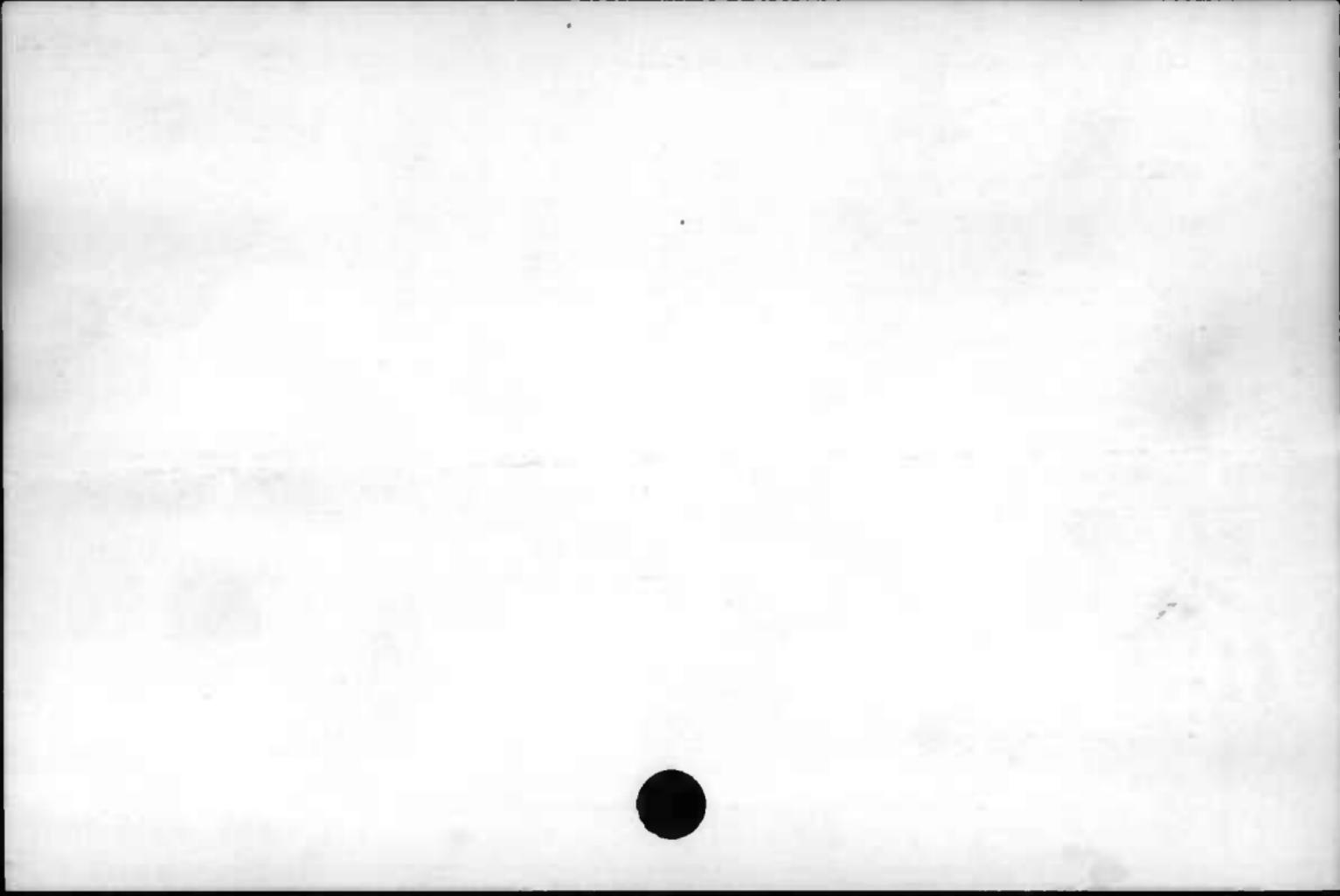
Signature of Physician

Address

Chas. J. Carey  
Lykensville

Med.

Accident or Suicide?



Name  
in  
Full

Mrs Mary J. O'Neal

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	William O'Neal			
Father's Name	unknown				
Mother's Maiden Name	unknown				
Name of person giving information	W. H. O'Neal (A) Son				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary Bronchiectasis & Myocarditis

How long 6 mos

Immediate Oedema of Lungs

How long 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

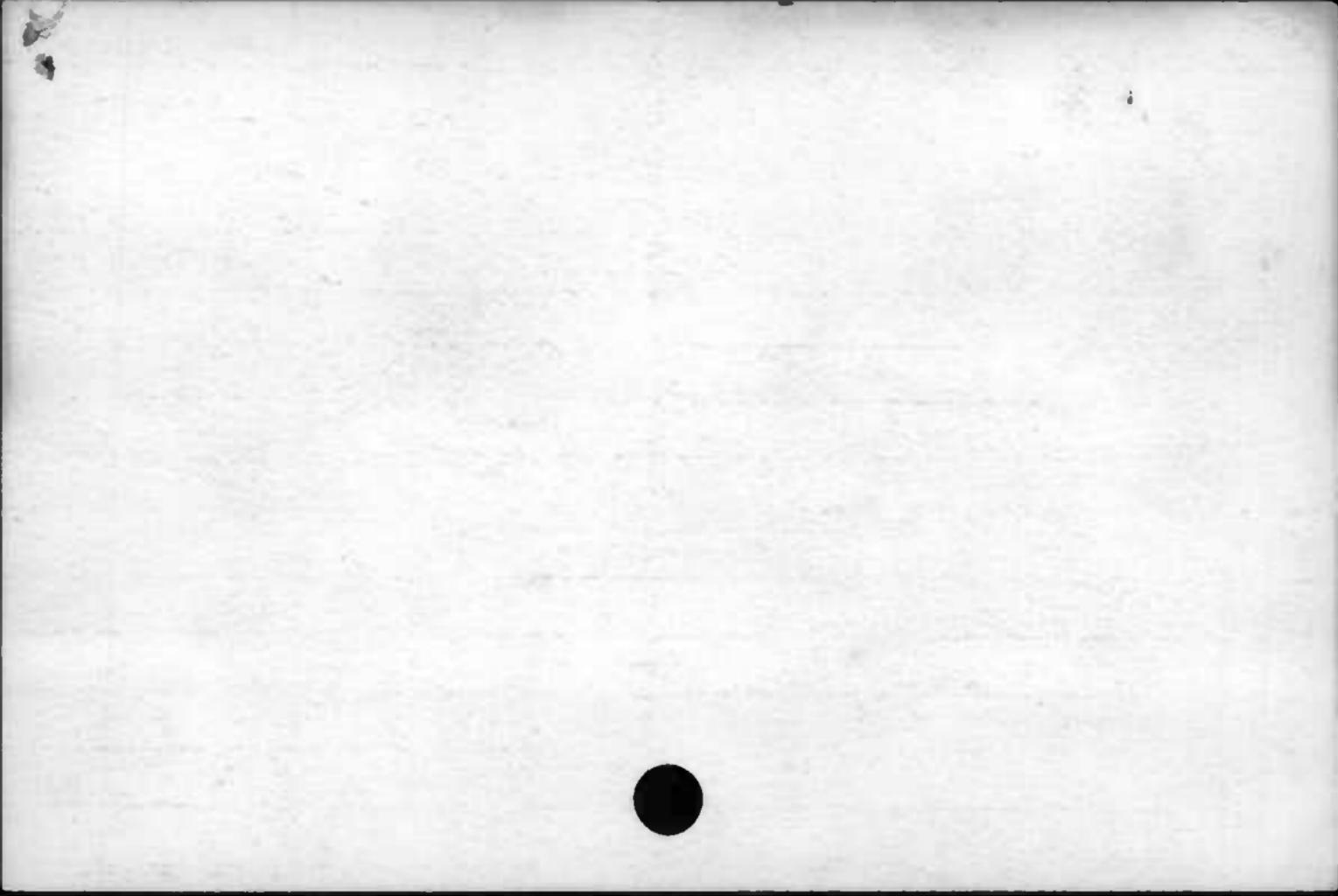
Signature of Physician

Daniel B. Sprecher

Address

Sykesville  
Md

Accident or Suicide?



Name  
in  
Full

Ida L Price

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1906	Month Apr	Day 8	Age 2	Years	Months 8	Days 26
Sex	Female		Color or Race	White	Birth-place	Green Mount Green Mount	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	W		Name of Wife or Husband				
Father's Name	Oliver Price			Father's Birthplace			
Mother's Maiden Name	Agnes Price			Mother's Birthplace			
Name of person giving information	(9)			How related to deceased			

CAUSES OF DEATH

Primary	Meningeous leprosy	How long	one week
Immediate	Asphyxiated	How long	fall from
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. F. Richardson
		Address	Kempf Street
Accident or Suicide?			



Name  
in  
Full

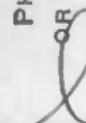
Christian Rausch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Springfield Hospital		Town	Carroll County		MARYLAND	
Date of death	1906	Month 4 <sup>th</sup>	Day 13 <sup>th</sup>	Age 69	Years	Months Days
Sex	Male	Color or Race	White		Birth-place	Germany
Occupation	Jailor	Where Residing if not at place of death				
Married, Single or Widowed	Widower	Name of Wife or Husband	—			
Father's Name	—			Father's Birthplace	—	
Mother's Maiden Name	—			Mother's Birthplace	—	
Name of person giving Information	Hospital Records			How related to deceased	—	

PHYSICIAN  
OR CORONER



CAUSES OF DEATH

Primary • How long

Immediate Rhumatic fever How long

47

6 weeks

Are the name, age, sex, color, date and place correctly given above?

To best

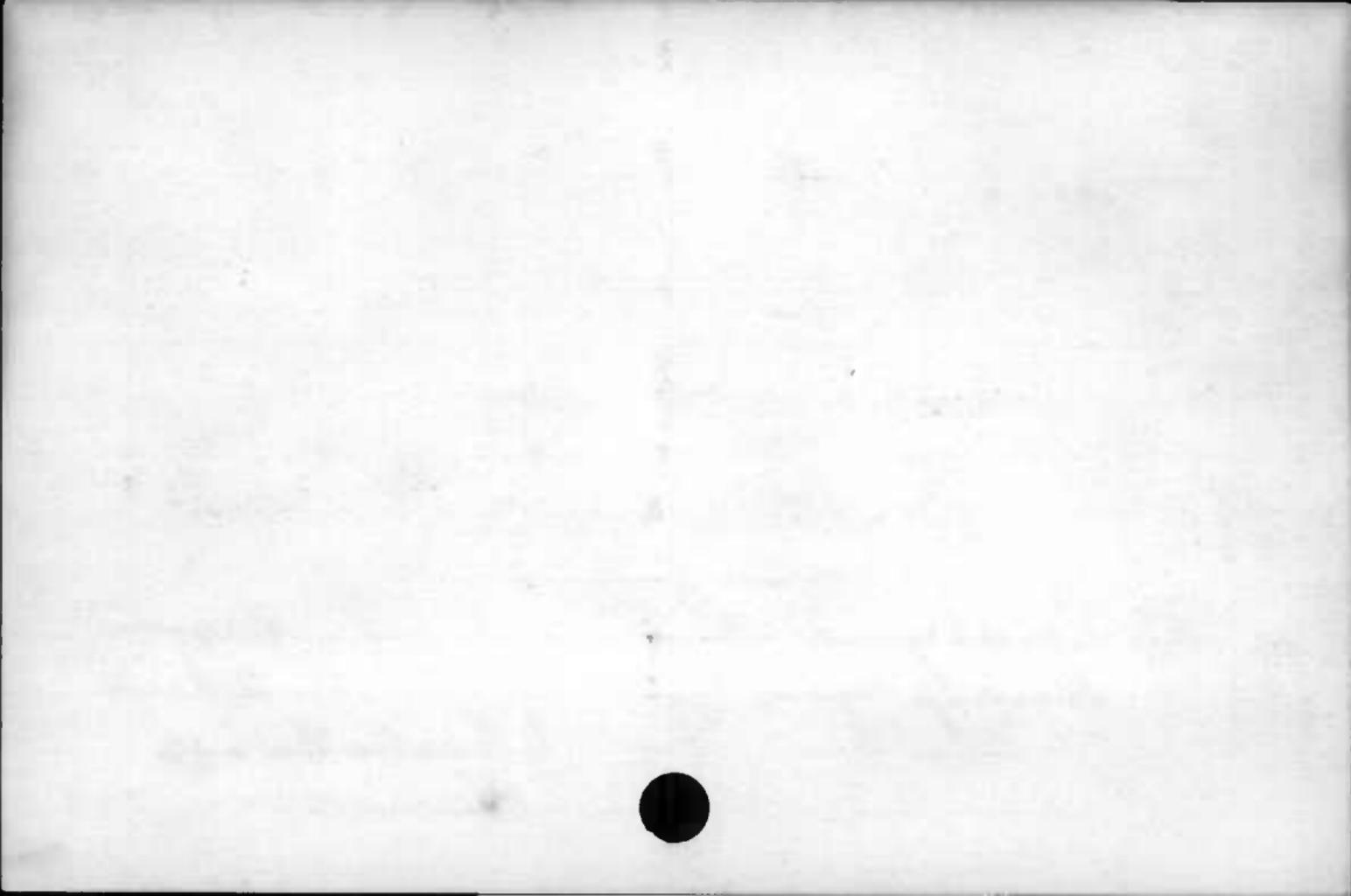
Signature of Physician

of my knowledge

Address

W. Henry Fisher M.D.  
Sykesville Md.

Accident or Suicide?



Name  
in  
Full

William Beundollar

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1906	4	29	84	6 16
Sex	Male		Color or Race	White
Occupation	Where Residing if not at place of death			
Retired Physician	Laneystown			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Henry Beundollar		Father's Birthplace	
Mother's Maiden Name	Leolisa Crouse		Mother's Birthplace	
Name of person giving information	Mrs Geo Mottier		How related to deceased	
Daughter				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	(1)	How long
Immediate	Hemiplegia	(2)	How long

Are the name, age, sex, color, etc.  
and place correctly given above?

Yes

Signature of  
Physician

Address

Charles E. Roppe  
Laneystown Md.

Accident or Suicide?



Name  
in  
Full

Abbie Sheen

12 CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westminster</u> - <u>Town</u>		<u>Carroll</u> - <u>County</u>		<u>MARYLAND</u>		
Date of death <u>1906</u>	Month <u>Apr.</u>	Day <u>25</u>	Age <u>85</u>	Years <u>85</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth- place <u>Don't know</u>				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Dennis Sheen</u>					
Father's Name <u>—</u>	Father's Birthplace <u>—</u>					
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>					
Name of person giving Information <u>Mrs. Pius Cooper</u>	How related to deceased <u>Daughter</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cardiac Dilatation</u>	How long <u>several years</u>
Immediate	<u>Heart Failure</u>	How long <u>6 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Chas. R. Fout, M.D.</u> Address <u>Westminister, Md.</u>
Accident or Suicide? <u>—</u>		

*Ellenville Cemetery*

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Grover A. Shafley					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1906	Month April	Day 20	Age 80	Years	Months 10	Days 20
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife & Husband	Mary Ann Brothers			
Father's Name	Grover Shafley		Father's Birthplace Maryland				
Mother's Maiden Name	Lounsa Conway		Mother's Birthplace "				
Name of person giving Information	Mary Ann Shafley		How related to deceased wife				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

How long

1 days

Immediate

Heart

How long

8 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.W. Martin  
Clarksville Md.

Accident or Suicide?

Shane  
Mt Zion

Name  
in  
Full

Lizzie S. H. Shipley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died <del>near</del> Eldersburg	Town	Carroll	County	MARYLAND		
Date of death 1906	Month, April	Day 30	Years 64	Months 11	Days 2	
Sex Female	Color or Race White	Birth-place Md.				
Occupation none	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Husband Edwin M. Shipley					
Father's Name Perry Bennett	Father's Birthplace Md.					
Mother's Maiden Name Ellen Higgins	Mother's Birthplace Md.					
Name of person giving information Edwin M. Shipley	How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Senility (No) How long —

Immediate Valvular Heart Disease 1 yr How long

Are the name, age, sex, color, date and place correctly given above?

yes

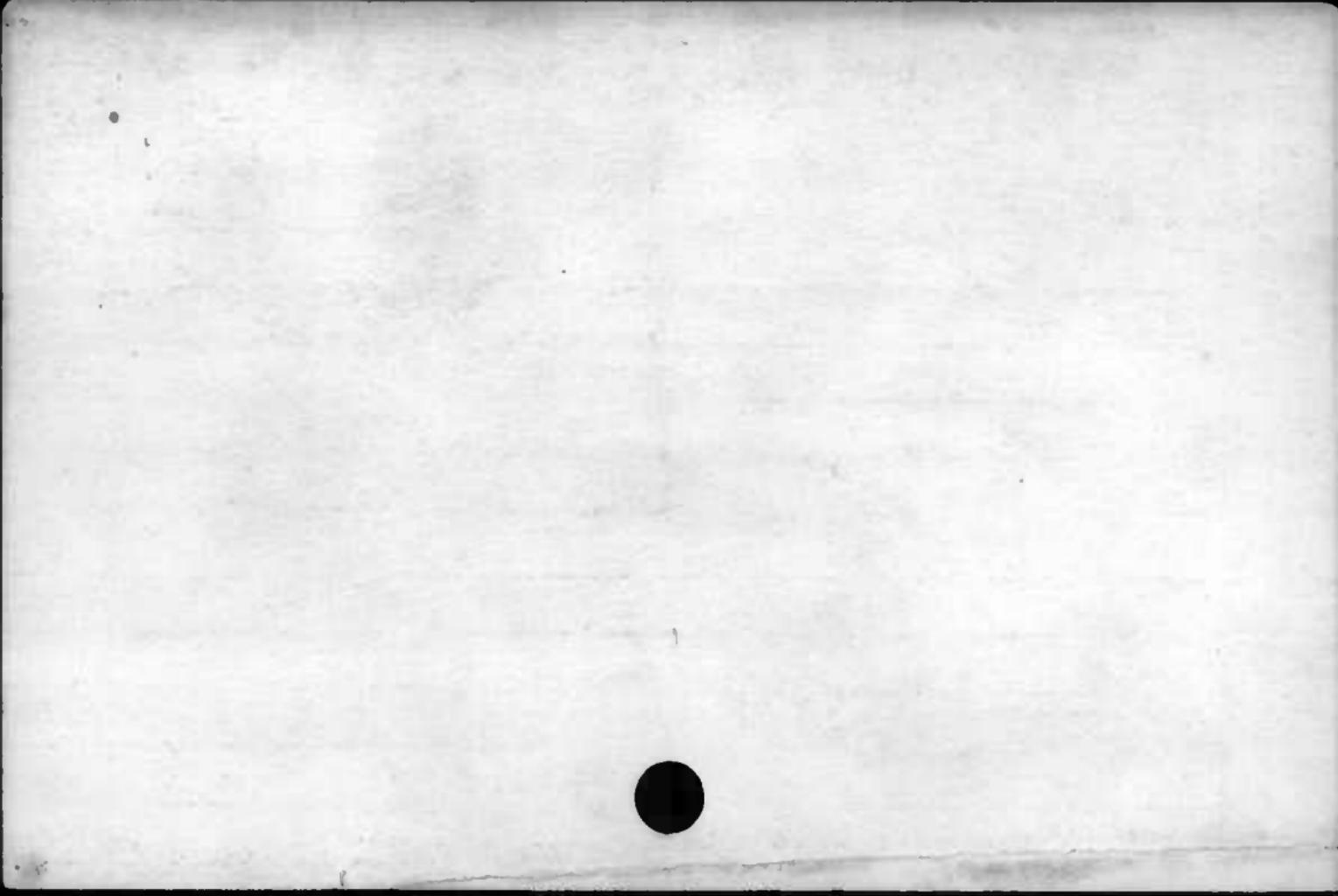
Signature of Physician

M. D. Hodges

Address

Eldersburg  
Md.

Accident or Suicide? —



Name  
in  
Full

Levi Shriver

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	4	27	65	7	7
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Farmer				
Married, <input checked="" type="checkbox"/> or Widower	Where Residing if not at place of death				
Father's Name	Sophiah Shriver				
Mother's Maiden Name	Samuel Shriver				
Name of person giving information	Mary Ann Melvin				
	Sophia Shriver				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Secondary  
and age

154

How long

1 year

Immediate

Are the name, age, sex, color, date and place correctly given above?

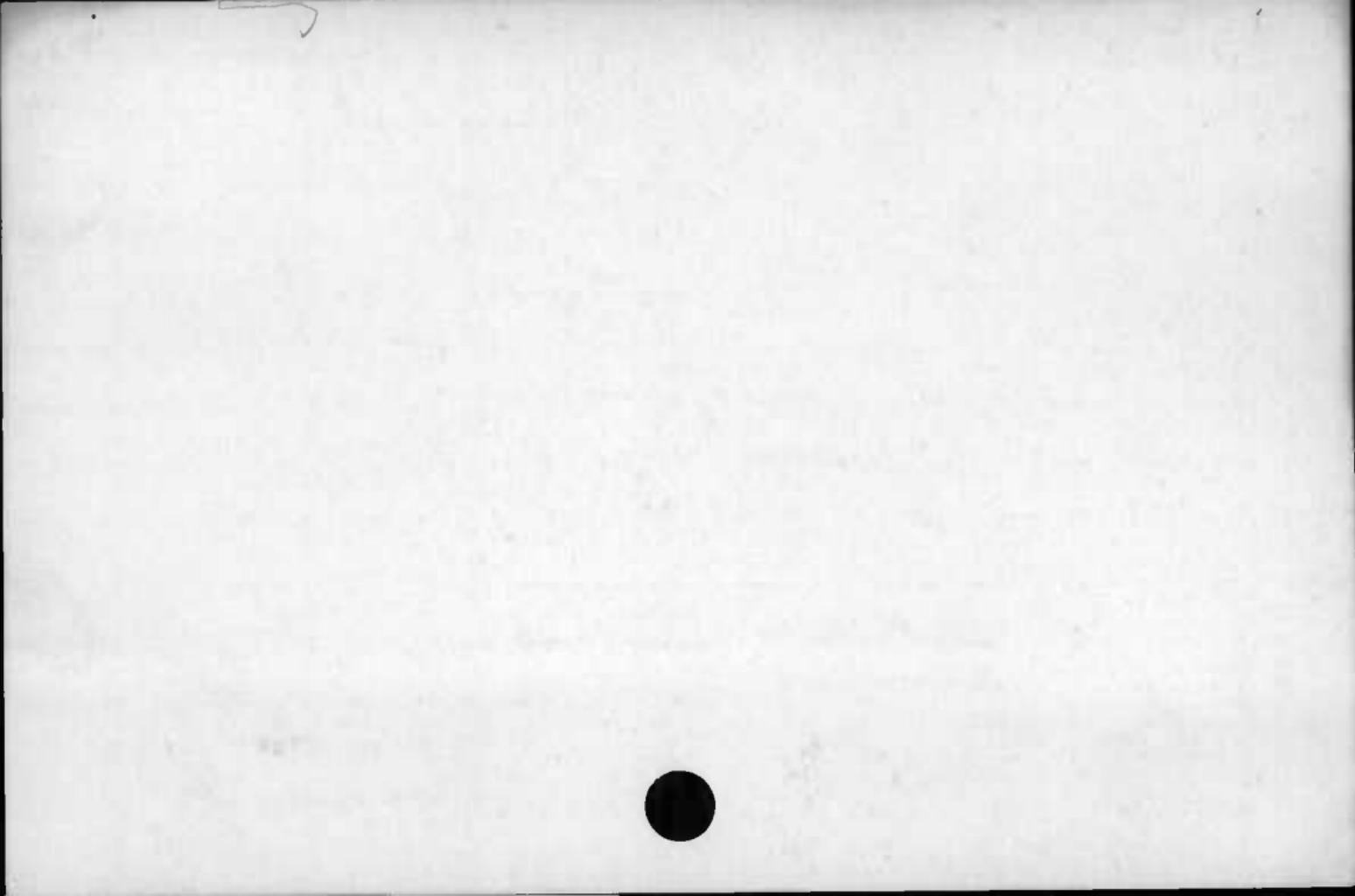
yes

Signature of Physician

Address

Charles & Rose  
Towson, Md.

Accident or Suicide?



Name  
in  
Full

David Keener Shriner

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Westminster	Town	County	MARYLAND		
Date of death	1906	Month April	Day 10	Years 60	Months 5	Days 23
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	Salesman	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Clementine M Snader			
Father's Name	Augustus Shriner				Father's Birthplace	Md.
Mother's Maiden Name	Marie L. Keener				Mother's Birthplace	do
Name of person giving information	Carrie. Shiner				How related to deceased	daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Head Disease & Dystrophy

How long

month

Immediate

Barbitone Syringe

How long

-

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jas. J. Hening  
Westminister  
Md

Accident or Suicide?



Name  
in  
Full

Charles Spott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Springfield Hospital		Town	County Corcoran		MARYLAND	
Date of death 1906	Month April	Day 4	Age 44	Years 44	Months	Days
Sex Male	Color or Race White			Birth-place Va.		
Occupation Engraver	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Mrs Curie Spott					
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information Hospital records				How related to deceased		

CAUSES OF DEATH

Primary

Alcoholic insanity. (18)

How long

about 2 yrs

Immediate

Cerebral congestion

How long

6 hrs.

\* Are the name, age, sex, color, date and place correctly given above?

To best

Signature of Physician

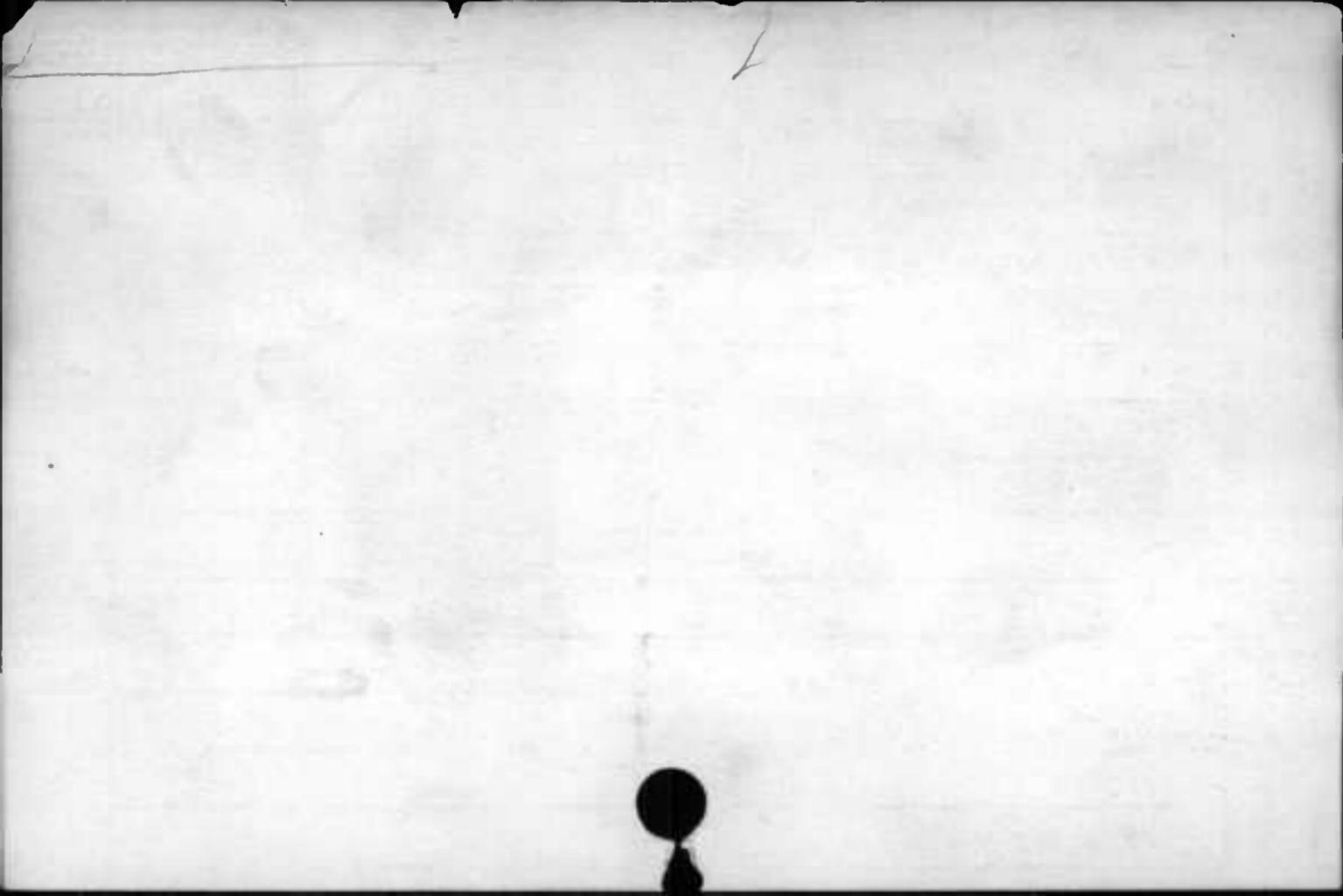
Chas. J. Corey

of my knowledge

Address

Sykeville Md

Accident or Suicide? No



Rosa Stein

Town

County

Died at

Union Bridge

Carroll

MARYLAND

Date 189-  
1906

Month

Day

Y.

M.

D.

Native of

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband  
of

David Stein.

Father's  
Name

John Slivins

Mother's  
Name

Mary Slivins.

Cause of

Primary

Rheumatism &amp; dropsy

How long sick

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Dr. D.E.

T. Loff

Address

Union Bridge

Md

Must be signed by physician, if any in attendance, otherwise by owner, undertaker or minister.

Beara Sanna



Charles Herbert Linseney

Town

County

MARYLAND

Died at

Near New Windsor Cornell

Date 1906

Month

Day

Y.

M.

D.

Native of

Occupation

4 25

11 4

Md

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
ofFather's  
NameMother's  
Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

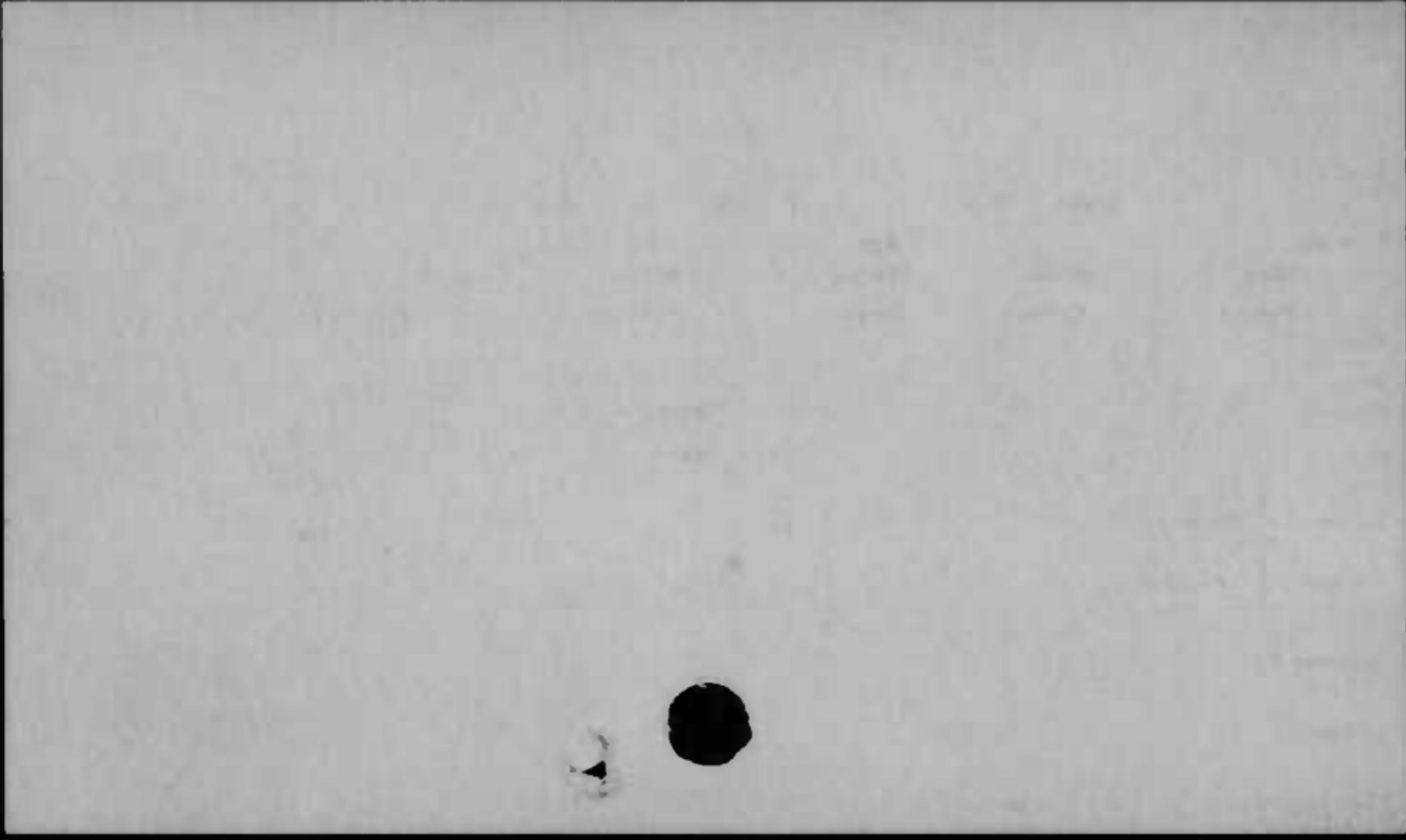
Reported by

D

Address

D

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Elizabeth Frostle ✓  
 Town \_\_\_\_\_ County \_\_\_\_\_  
 Died at Gettysburg, Carroll

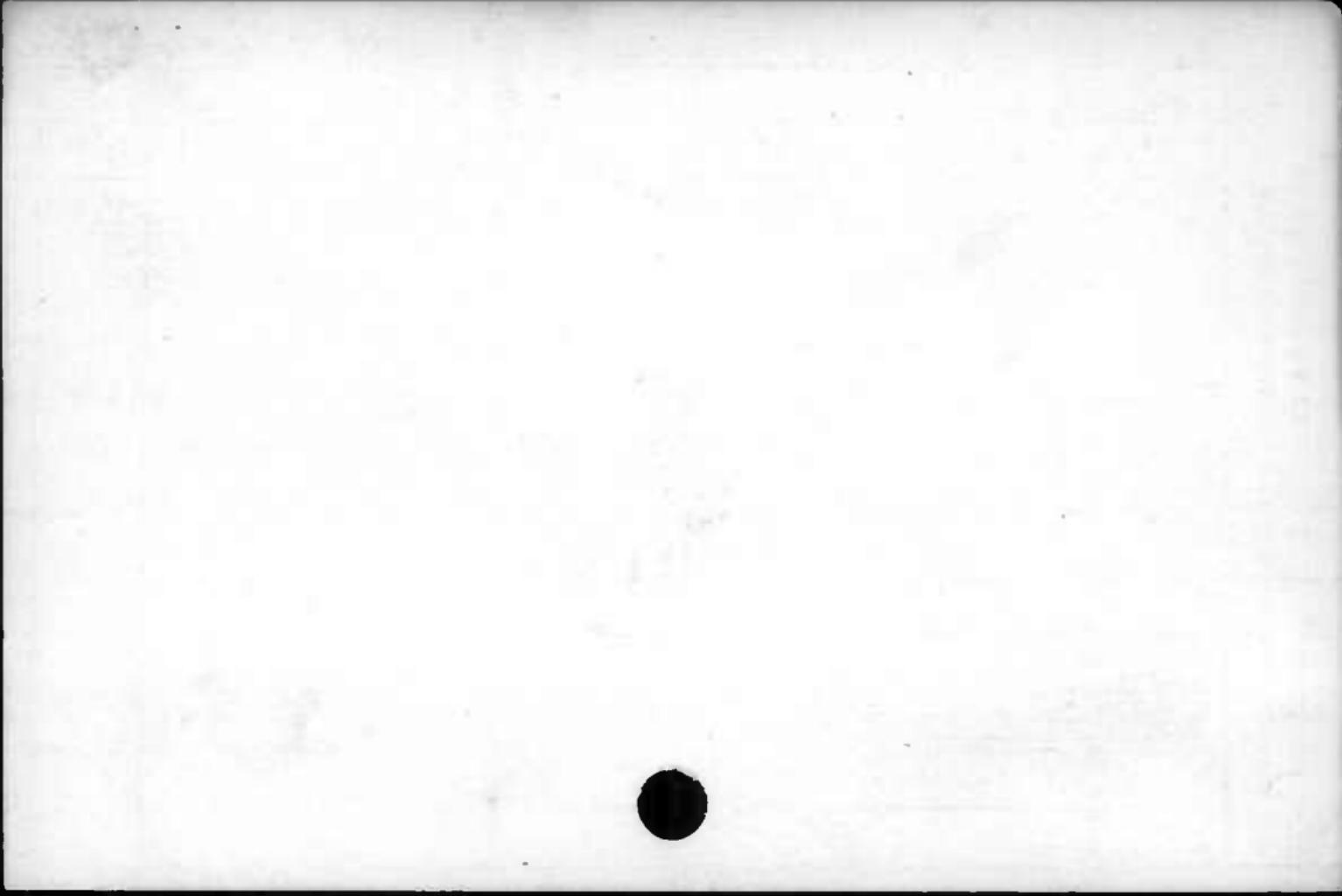
## CERTIFICATE OF DEATH

MARYLAND

Date of death 1906	Month Apr	Day 23	Age 68	Years	Months 8	Days 23
Sex Female	Color or Race White	Birth-place Gettysburg, Pa.				
Occupation Retired	Where Residing if not at place of death Gettysburg, Md.					
Married, Single or Widowed Widow	Name of Wife or Husband John Frostle (Dec'd)					
Father's Name John Phoebe	Father's Birthplace Adams Co., Pa.					
Mother's Maiden Name Rachel LaShuan	Mother's Birthplace Adams Co., Pa.					
Name of person giving information John Weigle	How related to deceased Son-in-law					

## CAUSES OF DEATH

Primary Carcinoma of Pancreas	How long Several years
Immediate " of liver, stomach, intestines "	How long " months
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician A. Woodward
Address	Gettysburg, Md.
Accident or Suicide? No.	



Name  
in  
Full

Leroy C. Warfield

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Pottery</u>		Town	County <u>Carroll</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>April</u>	Day <u>2</u>	Age <u>19</u>	Years	Months <u>6</u>	Days <u>9</u>
Sex <u>male</u>	Color or Race <u>white american</u>			Birth-place <u>Gardens town W. Va</u>		
Occupation <u>Salesman</u>			Where Residing if not at place of death <u>Baltimore Md.</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>					
Father's Name <u>Samuel S. Warfield</u>			Father's Birthplace <u>Howard Co Md</u>			
Mother's Maiden Name <u>Valley B. Carter</u>			Mother's Birthplace <u>Middletown Va</u>			
Name of person giving Information <u>Samuel S. Warfield</u>			How related to deceased <u>Father</u>			

CAUSES OF DEATH

Primary

Tuber crosis



How long

1 yr

Immediate

Heart failure

How long

Suddenly

Are the name, age, sex, color, date and place correctly given above?

yes

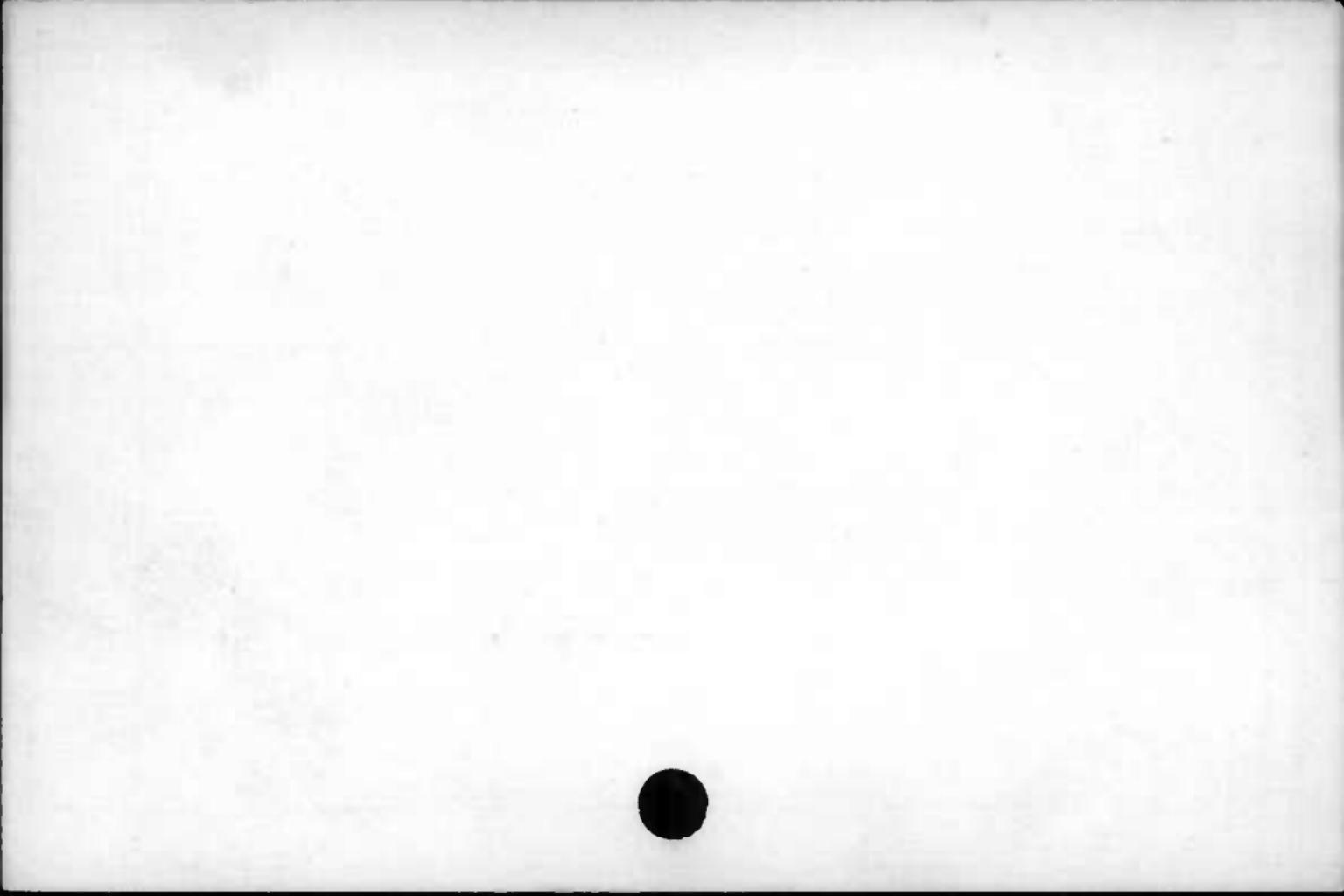
Signature of Physician

W. E. Taver

Address

Pottery Md

Accident or Suicide?



Name  
in  
Full

John White

no 8

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	84
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		

Westmister Carroll

1906 April 15 1 /

Male White

Retired Carrollton Md.

Widower —

Don't Know —

" "

Benjamin Hahn Friend

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age	(154)	How long
Immediate	Heart		How long
Are the name,age,sex,color,date and place correctly given above?		Signature of Physician	John S. Mattox
		Address	It estiunis his end
Accident or Suicide?			

Green Mount cemetery.

Name  
in  
Full

John Williams

No 9  
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND						
Date of death	Month	Day	Years	Months	Days				
Sex	Color or Race	Where Residing If not at place of death							
Occupation									
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Md						
Father's Name	James. Williams								
Mother's Maiden Name	Elizabeth Frizzell								
Name of person giving information	Richard E. Williams					Mother's Birthplace	Md		
How related to deceased						Son			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Asthma* (9) How long *10 years*

Immediate *Paralysis of Heart* How long *1 hour*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Thomas J. Bonner M.D.

Accident or Suicide?

Address *West Street*

Dear Park cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Manchester</u>		Town <u>Small</u>		County	
Date of death <u>1906</u>	Month <u>Apr</u>	Day <u>4</u>	Years <u>73</u>	Months	Days
Sex <input checked="" type="checkbox"/> Female	Color or Race <u>White</u>	Birth-place <u>Pa</u>			
Occupation <u>Horn Wife</u>		Where Residing if not at place of death <u>Manchester</u>			
Married, Single or Widowed <u>Widow</u>	Name of <del>Wife</del> Husband <u>Philip East</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>First Race</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving Information <u>Rebecca East</u>	How related to deceased <u>Songhed</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary Insanity

(179)

How long

Immediate Inertia

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

6720

J. A. Prestor M.D.  
Manchester, Md.

Accident or Suicide?



Name  
in  
Full

George Yungling

No 7

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Westminster Town Carroll County

MARYLAND

Date of death 1906 Month April Day 1 Years 69 Months 8 Days 26

Sex Male Color or Race White Birth-place Md.

Occupation Trainer Where Residing if not at place of death Home

Married, Single or Widowed Married Name of Wife or Husband Annie Yungling

Father's Name Henry Yungling

Father's Birthplace Carroll Co. Md.

Mother's Maiden Name Polly Eckard

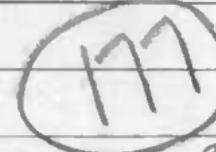
Mother's Birthplace " " "

Name of person giving Information Annie Yungling

How related to deceased Wife

CAUSES OF DEATH

Primary dropsey How long 40+5 years



Immediate Heart Failure How long A few minutes

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Jas. H. Bellinger M. D.

Address

Westminster Md.

No -

Accident or Suicide?

Westminster Cemetery.